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Alcohol Use Disorder and the Sibling Relationship: A Phenomenological Enquiry

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Walden University

College of Social and Behavioral Sciences

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Christine Rhodes

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Walden University

2015

Abstract

Alcohol Abuse Disorder and the Sibling Relationship: A Phenomenological Enquiry

by

Christine Rhodes

MA, Hazelden Graduate School, 2007

MEd, Exeter, 1999

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Services

Walden University

July 2015

Abstract

Previous researchers have indicated that alcohol use disorder affects relationships between family members. Exposure to parental alcohol use disorder disrupts important relationship skill-building development between the children of the family, and may impact conflict resolution in later life relationships. The sibling relationship provides a learning opportunity on how to manage conflict, yet little is known about the effects of parental alcohol use disorder on the sibling-to-sibling relationship from the perspective of adult siblings. The purpose of this descriptive phenomenological enquiry was to explore the lived experiences of adult siblings who experienced parental alcohol use disorder in their family of origin. In-depth, face-to-face interviews were conducted with a purposeful sample of 8 sibling pairs who grew up in the same isolated, remote, and densely populated community, each of whom experienced parental alcohol use disorder. Initial participants were recruited during open 12 Step meetings with subsequent siblings recruited using a snowballing technique. Sixteen audio taped interviews were manually transcribed and then coded for themes using a typology classification system based on key terms, word repetitions, and metaphors. The alcoholic family system was found to be traumatic and abusive, resulting in maladaptive coping behaviors, especially in the area of conflict. Findings also highlighted the strength of the sibling bond in the face of adversity and the opportunity for resilience under challenging circumstances. This study contributes to social change by informing the design of targeted interventions for siblings, specifically, by suggesting a change from the current focus on the identified client to a more holistic approach to treatment.

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Dedication

I dedicate this work to the participants who were brave and generous enough to share their memories with me. I dedicate this work to individuals who endured the effects of parental alcohol use disorder in their childhood and to all who experience the ruthless effects of alcohol use disorder.

Acknowledgments

Thank you to Dr. Tracey Phillips, my Committee Chair, who has guided and supported me throughout this entire process, and to all members of the Human Services faculty, especially Dr. William Barkley. I would like to acknowledge the whole Walden team, especially my advisor, Theresa Brethaur, and the excellent staff at the Walden library. Thanks also to the Walden student members of the dissertation shell who encouraged me to persevere.

I would especially like to acknowledge and sincerely thank my husband, Richard Schneider, who has been my rock and my cheerleader since the day I first began to work on my online degree. His generous spirit and belief in me have sustained me through many challenges. Finally, I acknowledge my wonderful children, Danielle and James, who inspire me to be the best I can be.

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Table 1. Participant Demographics

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Chapter 1: Introduction to the Study

Individuals learn about their environment from caregivers and people who are close to them in the formative years. Interactions and relationships with family members contribute to the development of a worldview and sense of self. The experience of being a sibling provides an important context for the development of life-long interpersonal skills that prevail beyond the family of origin into later life relationships (Ackerman, Kashy, & Donellan, 2011; Kramer, 2010; McGuire & Shanahan, 2011). Alcohol use disorder is a family disease that affects relationships between the identified client and his or her family members (Copella, Templeton, & Powell, 2010; Howard et al., 2010; Schaffer, 2011; Taylor, 2011).

In this study, I explored the impact of parental alcohol use disorder on the sibling relationship from the perspective of adult siblings who live in a remote Atlantic island community. A synthesis of available current literature was presented to highlight the importance of the sibling relationship and to indicate that the sibling relationship is at risk when there is alcohol misuse in the family of origin (Caswell, You, & Huckle, 2011; Howard et al., 2010; Kramer, 2010; Mann et al., 2012). Seminal literature was presented to support the concept of the family as an interactive and dynamic system where an individual's behavior cannot be considered in isolation from the behavior of other family members (Bowen, 1978; Dunn, 1983; Wegscheider-Cruse, 1989). An increased understanding of the experience of parental alcohol use disorder from the perspective of adult siblings contributes to social change through the development of specifically targeted interventions and improved treatment opportunities (Riggs & Hook, 2013).

Opportunities for future research about the sibling relationship in the context of an alcoholic family unit emerged from this research.

Chapter 1 provides background information about alcohol use disorder as a disease that affects individuals and their family members in various and complex ways, and presents research that highlights the importance of the sibling relationship and documents the maladaptive coping behaviors that develop within the alcoholic family. The research problem, research questions, conceptual framework, and the nature of the study are introduced in Chapter 1. Chapter 2 provides an in-depth analysis of the literature that supports the underlying constructs of the study. Chapter 3 contains details of the research design and data analysis procedures.

Background

Individuals learn about their environment from caregivers and people who are close to them in their formative years. Interactions and relationships with family members contribute to the development of a worldview and sense of self. The experience of being a sibling provides an important context for the development of life-long interpersonal skills that prevail beyond the family of origin into later life relationships (Ackerman, Kashy, & Donellan, 2011; Kramer, 2010; McGuire & Shanahan, 2011). Alcohol use disorder is a family disease that affects relationships between the identified client and his or her family members (Copella, Templeton, & Powell, 2010; Howard et al., 2010; Schaffer, 2011; Taylor, 2011).

In this study, I explored the impact of parental alcohol use disorder on the sibling relationship from the perspective of adult siblings who live in a remote Atlantic island

community. The island is not named in order to protect the confidentiality and anonymity of the participants. A synthesis of available current literature was presented to highlight the importance of the sibling relationship and to indicate that the sibling relationship is at risk when there is alcohol misuse in the family of origin (Caswell, You, & Huckle, 2011; Howard et al., 2010; Kramer, 2010; Mann et al., 2012). Seminal literature was presented to support the concept of the family as an interactive and dynamic system where an individual's behavior cannot be considered in isolation from the behavior of other family members (Bowen, 1978; Dunn, 1983; Wegscheider-Cruse, 1989). An increased understanding of the experience of parental alcohol use disorder from the perspective of adult siblings contributes to social change through the development of specifically targeted interventions and improved treatment opportunities (Riggs & Hook, 2013). Opportunities for future research about the sibling relationship in the context of an alcoholic family unit emerged from this research.

Problem Statement

The problem addressed in this study is that alcohol use disorder among parents disrupts the relationships between their children. Alcohol use disorder impedes the development of healthy relationships by creating increased levels of stress, tension, and conflict between family members who learn maladaptive coping behaviors in response (CASA, 2013; Casswell et al., 2011; Copello, Templeton, & Powell, 2010; Mann et al., 2012; Orford et al., 2010; Padilla-Walker et al., 2010; Reinaldo & Pillon, 2009; Roth, 2010; Schaffer, 2011; Shumway et al.; Taylor, 2011; Templeton et al. 2009; Vernig, 2011). The emotional cut-off (Bowen, 1976) is an example of a maladaptive coping

mechanism where individual family members emotionally or physically distance themselves from the rest of the family in an attempt to avoid conflict. The family system, particularly the sibling relationship, is described as a significant foundation for building successful relationships beyond the family of origin (Ackerman et al., 2011; Buist et al., 2014; Buist & Vermande, 2014; Derkman et al., 2011; Kramer, 2010; Lam et al., 2012; McHale et al, 2012; Moysen & Roeyers, 2011; Padilla-Walker et al., 2010). The relationship between siblings provides a more significant opportunity to learn how to manage future relationships than the opportunities provided by the parent-child relationship (Ackerman et al., 2011; Kramer, 2010; Moyson & Roeyers, 2012; Padilla-Walker, Harper, & Jensen, 2010; Shalash et al., 2013; Solmeyer et al, 2014; Vernig, 2011). Current literature describing the impact of alcohol use disorder focuses on the identified client, their partners, and children in the care of the identified client (Gudzinskiene & Gedminiene, 2010; Roth, 2010; Schafer, 2011; Taylor, 2011, Velleman, 2010). Current literature about the impact of parental alcohol use disorder tends to focus on the parent-child dyad, indicating a gap in understanding about the impact of parental alcohol use disorder on the sibling-to-sibling relationship, especially from the perspective of adult siblings.

Purpose Statement

The purpose of this phenomenological study was to explore the experience of being a sibling in an alcoholic family system. Alcohol use disorder impedes the development of healthy relationships, while appropriate treatment decreases the negative impact of the disease (Copello et al., 2010; Elgan et al. 2012; Fewell, 2013; Lee et al,

2012; Templeton et al., 2010). The specific focus of this study was the development of the sibling relationship from retrospective accounts of adult siblings who experienced parental alcohol use disorder in the family of origin. New information and insight about parental alcohol use disorder from the perspective of adult siblings contributes to social change by informing the design of specifically targeted interventions and appropriate treatment planning for family and support network members. This study provides a foundation for future research about the sibling relationship in the context of an alcoholic family unit.

Research Questions

The research questions guiding this study were:

1. What is the experience of being a sibling in an alcoholic family?
2. How are individual differences reflected in the adult siblings' accounts of their experience with alcoholism?
3. How do children respond to conflict within an alcoholic family system, and in later life relationships?

Conceptual Framework

Bowen's (1976) theory provided the conceptual framework for this study. Bowen (1976) developed family systems theory to describe the family as an emotional unit or system that regulates the behavior of its members. Family systems theory implies that stress and anxiety in an alcoholic family system are associated with problematic symptoms that limit successful emotional functioning, and that unresolved emotional dysfunction is transitional from childhood through later life relationships (Bowen, 1986).

Such behaviors as the emotional cut off (Bowen, 1976) are associated with maladaptive coping mechanisms that develop in an attempt to avoid conflict within the family. The literature review presents several studies that highlight the tenets of Bowen's model as they relate to siblings in alcoholic family systems.

The family dynamics model proposed by Wegscheider-Cruse (1989) provided a classification system for understanding the roles that children assume in an alcoholic family. The family dynamics model identifies five roles: enabler, lost child, hero, mascot, and scapegoat (Wegscheider-Cruse, 1989). This model identifies assumed behaviors and interactions of individuals within the boundaries of an alcoholic family that persist into adulthood and impact later life relationships (Wegscheider-Cruse, 1989). Studies that consider sibling roles in light of the Wegscheider-Cruse model are presented in the literature review.

Resiliency theory provides a conceptual framework for understanding why some individuals develop healthy relationships in spite of exposure to risk and offers a strength-based approach to understanding individual development and informing appropriate treatment and intervention design (Werner & Smith, 1982). Zimmerman (2013) identified two protective factors that operate in opposition to risk factors such as those presented by exposure to parental alcohol abuse. Protective factors may be external or internal. External protective factors include environmental factors such as social acceptance and peer relationships, while internal factors include transformative experiences that are life-changing and help an individual to develop resilience (Rutter, 2013). The factors that promote resilience during exposure to risk are subjective and vary

based on the experience of each individual (Zimmerman, 2013) suggesting that a qualitative approach would be effective to explore the lived experience of siblings from an alcoholic family system.

Nature of the Study

Husserl's (1970) transcendental phenomenology method was used to provide a rich description of adult siblings' experiences of parental alcohol use disorder and to provide a platform for the discovery of common experiences and universal themes within this particular population (Husserl, 1970; Lester, 1999). Participants for this study were purposefully selected on the basis of being adult siblings from the same family of origin where at least one parent could be considered an alcoholic. The purposeful sampling technique was followed by a snowballing sampling technique (Marshall, 1996) where participants were recruited on the basis of being known to other participants. Each participant was invited to engage in a 60 to 90 minute interview. Each interview was transcribed verbatim, and the resulting data was examined for themes. A complete discussion of the methodology was provided in Chapter 3.

Definition of Terms

Alcoholic family system: The alcoholic family system was defined in this study as a family system where parental alcohol misuse affects family structure, including roles, boundaries, and communication, causing patterns of maladaptive behaviors in response to stress, tension, and conflict (Ackerman et al., 2011; Bowen, 1986).

Alcohol misuse: Alcohol consumption that increases the risk of adverse health and social consequences and a pattern of drinking that results in harm to one's health,

interpersonal relationships, or ability to work (Center for Disease Control and Prevention, 2013).

Alcohol use disorder: A problematic pattern of alcohol use leading to clinically significant impairment or distress, where the individual meets at least two of the following criteria within a 12-month period: (a) alcohol often taken in larger amounts or over a longer period of time than was intended; (b) a persistent desire or unsuccessful efforts to cut down or control alcohol use; (c) a great deal of time spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects; (d) craving, or a strong desire to use alcohol; (e) recurrent alcohol use results in failure to fulfill major role obligations at work, school, or home; (f) continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol; (g) important social, occupational, or recreational activities are given up or reduced because of alcohol; (h) recurrent alcohol use in situations in which it is physically hazardous; (i) alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol; (j) tolerance as defined by needing more to get the same effect or a markedly diminished effect with the continued use of the same amount of alcohol; (k) withdrawal as manifested by the characteristic withdrawal syndrome (APA, 2013).

Emotional cut-off: The emotional cut-off is a behavioral construct identified by Murray Bowen (1976) where individual family members emotionally or physically distance themselves from the rest of the family in an attempt to avoid conflict.

Open meetings. Open meetings of Alcoholics Anonymous and Al Anon are 12 Step meetings that are open to the public (Alcoholics Anonymous World Service, 2011).

Resilience: An interactive phenomenon that is inferred from findings indicating that some individuals have a relatively positive outcome despite having experienced serious adversities (Rutter, 2013; Zimmerman, 2013).

Support network: A network of professionals and nonprofessionals who support an individual who is seeking treatment for alcohol use disorder including but not limited to family members, friends, treatment providers, attorneys, and probation officers (Winek et al., 2011).

Assumptions

1. Participants would answer the interview questions honestly.
2. Participants would be able to remember their childhoods and be willing to talk about them.
3. Participants were able to reflect on their life histories and recount the family of origin they grew up in as it related to the sibling and other relationships.
4. Participants would be willing to discuss details of their current relationships.

Scope and Delimitations

The focus of this study was on adult siblings who experienced parental alcohol use disorder in the family of origin in a small, densely populated, and remote community. Sixteen participants who were raised in a small Atlantic island comprised the sample. The island was not named to protect confidentiality and anonymity of the participants. Due to the size and nature of the sample, the findings cannot be generalized across wider

populations. It is possible that the findings lead to certain implications for other adult siblings from alcoholic families who were raised in other remote and densely populated communities. This study confirmed the tenets of Bowen's (1976) family system theory, which provided the conceptual framework for this study.

Limitations

A small sample of 16 participants was a limitation of this study. The use of a small sample size allowed for depth rather than breadth in the exploration of a phenomenon (Patton, 2002). A further limitation of this study was the selection of siblings from one geographic location.

Significance

Alcohol use disorder presents several challenges for individuals and their family members. I was unable to find extensive academic literature about the impact of alcohol use disorder on the sibling-to-sibling relationship. Although several limitations have been identified, this research study was significant for a variety of reasons. Insight from this study could inform the development of theoretically based prevention, intervention, and support programs for siblings who grew up in an alcoholic family. Family support programs provide opportunities for the sharing of experiences and problems, and learning to cope with problems in a variety of ways (Orford et al., 2009). Quality support provides assistance, information, and material aid that increase the individual's coping efforts and leads to opportunities for improved relationships (Orford et al., 2010).

Positive as well as negative perceptions emerged. The functional significance and contribution of a supportive sibling-to-sibling relationship was endorsed, and indications

of resilience in the face of difficult circumstances add to the current body of literature about alcohol use disorder as a family disease. This study provides a platform for future research about the essential ingredients of a successful sibling relationship. Increased knowledge about emotional systems within families and other social structures may guide and inform effective treatment provision. Positive social change implications include the expansion of current multi-family and support network treatment approaches to include specific interventions for siblings.

Summary

Chapter 1 provided background information on the rationale for conducting research about the experience of siblings who were raised in an alcoholic family system. Although the connection between alcoholism and global ill health is recognized, the indirect burden of ill health caused by the stress between affected family members is less well known (World Health Organization, 2012). Family members affected by alcoholism have considerable needs in their own right and the family is seen as a legitimate unit for intervention and treatment. Families are seen as emotional units, where the disruption of one relationship affects the functioning of the whole family. The sibling relationship offers an important foundation for building successful relationship skills that transfer to later life relationships, and alcoholism threatens the bond between siblings, although this issue remains largely undressed in the current literature. Chapter 2 provides an in depth synthesis of the literature that indicates the importance of the sibling relationship and identifies challenges that siblings encounter in an alcoholic family unit.

Chapter 2: Literature Review

Introduction

Alcohol abuse is a global concern that leads to a variety of difficulties for the individual, their family members, and for the wider community. Parental alcohol abuse is of particular concern as it disrupts the development of important relationship skills between and among other family members and negatively impacts effective parenting (CASA, 2013; Casswell et al., 2011; Copello, Templeton, & Powell, 2010; Mann et al., 2012; Orford et al., 2010; Padilla-Walker et al., 2010; Reinaldo & Pillon, 2009; Roth, 2010; Schaffer, 2011; Shumway et al.; Taylor, 2011; Templeton et al. 2009; Vernig, 2011). While much has been written about the impact of alcohol use disorder on the identified client and on his or her relationships with family members, certain subgroups within the family, particularly the sibling subgroup, appear to have received less attention. The purpose of this study was to explore the lived experience of adult siblings who experienced parental alcohol use disorder in the family of origin; to learn about the essence of being a sibling within this setting; and to determine how this experience may have impacted later life relations.

A literature review is designed to increase understanding about a particular problem and to validate that problem as worthy of further research (Taylor, 2014); to demonstrate how a proposed research study is situated within the existing body of scholarly research (Rudestam & Newton, 2007); and to provide a benchmark for comparing the results of the study with other findings (Creswell, 2014). In order to

provide an effective review of the literature, I used a writing strategy that began with a focus on the broader topic of alcohol use disorder, then narrowed the focus to the impact of alcohol use disorder on family members with a particular focus on siblings. I presented research relating to the nature of the sibling relationship and its significance as a foundation for relationship skill building. I compared and contrasted available research about siblings within an alcoholic family system. Chapter 2 contains a description of the literature review strategies that were used to locate seminal works and current, peer-reviewed studies or other relevant works. The goal of Chapter 2 was to provide a comprehensive analysis and appraisal of current literature related to the following identifying criteria:

1. *Alcohol use disorder*: Statistics and research on the impact of alcohol use disorder at the individual, family, and community levels was presented.
2. *Conflict management*: Information was provided about what is already known regarding the development of conflict management among siblings from the same family of origin where alcohol use disorder was experienced. The literature review points to a gap in the literature about how adult siblings who experienced alcohol use disorder in their family of origin perceive and describe their approach to conflict management. Research on the benefits of conflict management skills and the problems that occur in the absence of conflict management

skills was presented. The literature review supported the current study as a proponent of social change in this area.

3. *Parental alcohol abuse*: Research and statistics about the impact of alcohol abuse and parental alcohol abuse at the individual, family, community, and national levels was presented. A study of available research indicated that alcohol use disorder leads to maladaptive responses to conflict in the family.
4. *Sibling relationship*: The importance of the sibling relationship as a foundation for learning lifelong relationship skills was discussed, with particular focus on conflict management. While there appeared to be a lack of research that focuses on adult siblings who experienced alcohol use disorder in the family of origin, existing literature about alcohol use disorder, the family, and the sibling relationship provided a rationale for the research problem.

Literature Research Strategies

The identifying criteria for this academic work included several overlapping subject areas and fields of study. Various databases and search engines were used to locate professional journals, edited books, and other peer-reviewed sources, and to identify germane scholarship. I searched the Walden University library using search engines such as Thoreau, EBSCO, SocINDEX, PsycINFO, Health and Psychosocial Instruments (HaPI), CINAHL and MEDLINE. I also consulted Simultaneous Search, Academic Search Complete, ProQuest Central to pursue lines of enquiry related to the

study, and SAGE journals and Google Scholar to find relevant, peer-reviewed articles.

Local statistical information was sourced from local government websites.

In order to locate scholarly and peer-reviewed articles, I used combinations of the following keywords and terms by using Boolean identifiers to search the above mentioned data bases: *alcohol use disorder; alcoholism; family system; sibling relationship; emotional cut-off; adult children of alcoholics; children of alcoholics; conflict management; conflict resolution; resilience; risk factors; protective factors; substance abuse treatment; support network; family roles; siblings; sibling roles; sibling support.*

Several articles emerged from the same author. Consequently, I searched for articles from these same authors using the Author Search tool in the search engine. Authors' names that surfaced more than once included *Dr. Peter Vernig, Dr. Susan McHale, Dr. Jim Orford, Dr. Tristan Morgan, and Dr. Nathan Wood.* I used academic networking sites such as Research Gate and Academia.edu to ask questions and to learn about new publications by certain authors including *Dr. John Kelly* and *Dr. Valerie Slaymaker.* I contacted several authors directly using the email addresses supplied in their articles. Using my Walden University student email account, I sent a generic introduction and requested either clarification of points raised in their articles or further information about alcoholism and its effects on family members. Several authors responded and were thanked accordingly. Some of the authors who were approached include *Dr. Jim Orford, Dr. Nathan Wood, Dr. Tristan Morgan, and Dr. Susan McHale.* An example of an email requesting further information can be found in Appendix A. Chapter 2 included a review

of the literature as it related to the problem of alcohol use disorder, its impact on family members, and the significance of the sibling relationship.

Alcohol Use Disorder

Alcohol is a product that has been used for medicinal, recreational, and religious purposes for centuries. Excessive alcohol consumption is associated with personal, family, and societal problems. Alcohol dependence, or alcoholism, was recognized as a disease in 1956 (American Medical Association, 2012). Alcohol use disorder is described as a problematic pattern of alcohol use that leads to clinical impairment or distress (American Psychiatric Association, 2013). An individual may receive a diagnosis of alcohol use disorder when a cluster of behavioral and physical symptoms manifests over a minimum period of 12 months, and is applied to less than 20% of the population (APA, 2013). The distinguishing element of alcohol use disorder is the continued use of excessive doses of alcohol in spite of significant and recurring distress and impaired functioning (APA, 2013). The defining criteria for a diagnosis of alcohol use disorder are provided in Chapter 1.

Alcohol Use Disorder and the Individual

There are several ways in which alcohol use disorder may affect an individual. Alcohol use disorder is described as a biopsychosocial disorder that impacts the physical, mental, and emotional wellbeing of the identified client (APA, 2013). From a physical health standpoint, alcohol abuse is considered a significant determinant for neuropsychiatric disorders and other noncommunicable diseases such as cirrhosis of the liver and cardiovascular diseases (APA, 2013). Alcohol use disorder increases the risk of

various forms of cancer, in addition to the weakening of the immune system, leaving an individual vulnerable to infectious diseases (WHO, 2011). Extended periods of excessive alcohol consumption affect most of the organ systems in an individual's body, especially the central and peripheral nervous systems (Anton, 2010; Merikangas & McClair, 2012; Schuckit, 2012). Alcohol abuse is associated with unintentional injury, such as road traffic accidents, or intentional injury, such as violence and suicide. Over 2 million deaths a year are attributed to excessive alcohol consumption (WHO, 2011). In addition to the physical consequences of alcohol abuse, excessive alcohol use is associated with psychological impairment.

Impact on mental health. Comorbidity between anxiety and mood disorders with excessive alcohol use has long been recognized (SAMHSA, 2011). One explanation for the link between alcohol abuse, anxiety, and mood disorder is that alcohol is sometimes used as a form of self-medication, where an individual seeks relief from negative affective states (Cooper, Hildebrandt, & Gerlach, 2013; Windle & Windle, 2012). An individual's response to stressful or difficult situations varies according to a variety of stimuli. Alcohol consumption is associated with stress reduction, or stress response dampening. Stress response dampening is considered to be a reinforcing property of alcohol (Sher, Bartholomew, Peuser, Erickson, & Wood, 2007). While alcohol consumption is associated with stress relief, it has the potential to create a host of new problems. Complex physiological interactions occur when an individual encounters stress, and alcohol consumption can actually cause additional stress (Anthenelli, 2012).

In an attempt to clarify the link between excessive alcohol use, moderate alcohol use, and mood disorders, Mann et al. (2012) conducted an inquiry using data from a household survey based on telephone interviews. Participants included a cross-sectional sample of 16,918 adults in Ontario. A logistic regression analysis was used to obtain an odds ratio of the risk of anxiety and mood disorders with varying measures of alcohol consumption. Respondents who reported harmful or excessive alcohol consumption were found to be significantly more likely to experience anxiety and mood disorders compared to those who did not drink alcohol, or reported moderate alcohol consumption. The prevalence of anxiety and mood disorder was highest among those participants who reported harmful drinking (12.1%) and lowest among those who reported moderate drinking (7.5%). These findings compare levels of alcohol consumption, rather than excessive alcohol consumption versus abstinence. One limitation of this study is that the data were based on the participants' self-reports. However, these findings indicated that it is not alcohol consumption but the individual response to stress and alcohol consumption that is problematic. The attempt to relieve stress leads to further complications and is therefore maladaptive. The conclusion of these findings indicate that individuals in this study who engaged in excessive alcohol consumption had adopted maladaptive coping behaviors and engaged in self-sabotaging attempts in response to stress (Mann et al., 2012).

Lechner et al. (2014) recently established a previously unknown link between the fear of anxiety, also known as anxiety sensitivity (Reiss, Peterson, Gursky, & McNally, 1986), depression, and alcohol use disorder. Questionnaires and diagnostic interviews

were used to collect data from 418 alcohol dependent patients in an inpatient treatment facility. A mediation analysis was used to estimate the indirect effects of anxiety sensitivity on alcohol dependence as mediated through symptoms of depression. The study demonstrated that anxiety sensitivity leads to depressive symptoms. Feelings associated with depression were reported to trigger a desire to consume alcohol. Participants reported that alcohol consumption temporarily assuages depressive symptoms thus providing negative reinforcement that eventually led to problematic alcohol consumption. Hence, the individual engages in a cycle of problematic coping. These findings cannot be generalized as the participants in the study were not randomly selected and the data relied heavily on self-report. However, this study unearthed new insights into the complexity of alcohol use disorder and its association with problematic coping mechanisms. Although problematic coping as a result of excessive alcohol consumption is under consideration, less information appears to be available about how these maladaptive coping mechanisms affect both the relationships between the individual and their family members. Additionally, these studies rely on screening instruments to collect data rather than clinical interviews, therefore additional qualitative research is necessary to provide further information about the extent of the problematic coping and other consequences of harmful alcohol consumption. Excessive alcohol consumption leads to a variety of problematic consequences, both physical and psychological, leading to problematic coping mechanisms that affect both the individual and the people they interact with (Anthellini, 2012; Lechner et al., 2014; Mann et al.,

2012). It is important to consider how these consequences affect family members, their relationship with the identified client, and their relationships with each other.

Alcohol Use Disorder and Affected Family Members

Alcohol abuse is a global concern that jeopardizes both individual and social development. Alcohol abuse is defined as a risk factor for the physical and psychological health of the identified individual and for the people in their social network (SAMHSA, 2011; WHO, 2011). Quantitative research conducted on behalf of world health agencies indicates a pandemic effect of alcohol use disorder on affected others. Approximately 1 billion adults globally have been adversely affected by the alcohol abuse of a close relative, and alcohol use disorder is recognized as the world's third largest risk factor for disease burden (WHO, 2011). Additionally, alcohol abuse is considered to be a financial burden causing expenses related to crime, lost work productivity, and healthcare (NIDA, 2012; Copello, Templeman, & Powell, 2010). However, specific details of caregiver burden of illness resulting from alcohol use disorder on affected family members appear to be less well defined or researched (Moore, Biegel, & McMahon, 2011; Orford, 2012).

In order to compare the impact of alcohol use disorder with other chronic diseases, Ray, Mertens, and Weisner (2009) conducted a logistic regression based on automated clinical databases in California. Participants included alcohol abuse disorder affected family members, diabetes affected family members, and asthma affected family members. In order to avoid distortion from other variables, a matching process was used to control for such factors as gender, age, income, family size, and family role. Family members affected by alcohol abuse were found to have significantly higher total health

care costs than asthma family members (12% higher) and diabetes family members (13% higher). This implied that the family members of alcoholics engaged in higher levels of healthcare services than family members of diabetics or asthmatics. Family members affected by alcohol abuse were more likely to be diagnosed with depression, substance use disorders, and trauma than family members of individuals with asthma or diabetes. The study does not determine the reasons for these differences, yet the findings imply there is something unique about the physical or psychosocial environment in an alcoholic family home.

While the impact of alcohol use disorder on the identified individual may be measured, there appears to be fewer available data on the less tangible effects of alcohol use on affected family members. To investigate the less tangible effects of alcohol abuse on family members, Caswell, You, and Huckle (2011) investigated the impact of exposure to heavy drinkers on the subjective well-being and health status of a cross-sectional sample of 3068 adolescent participants in New Zealand. Using a computer-assisted telephone interviewing system, the participants were invited to rate their satisfaction in the following domains: standard of living; achievement; personal relationships; safety; and feelings about self. Reduced personal wellbeing and poorer health status was consistently associated with exposure to a heavy drinker when compared to lower exposure groups. The health status of participants was associated with higher levels of pain, discomfort, anxiety, depression, and stress when exposed to individuals who engage in heavy drinking. This confirms the finding of the previous study that something is significantly different about the physical and psychosocial

environment within a family where alcohol use disorder is a factor, thus warranting further investigation into the effects of alcohol use disorder on individual family members, their relationships with each other, and on the family as a system. Although this study indicates a correlation between exposure to excessive alcohol consumption and decreased feelings of wellbeing, it does not address the family members' responses to negative affect states and stress, or how stressors caused by excessive alcohol consumption affect all relationships within the family.

Exposure to excessive alcohol consumption is associated with higher levels of stress, therefore is important to understand how family members cope with stress. Stress in the family caused by the health status of an individual family member is associated with family member burden. This supports a family systems perspective in that individual attempts at coping will impact the wellbeing of the entire family. In the stress-coping model (Lazarus & Folkman, 1984) coping behaviors are described as either adaptive or maladaptive. Problem-focused strategies are considered to be adaptive and include active coping mechanisms such as planning, accepting, using supports, and positive reframing, while maladaptive responses are considered to be emotion-focused and involve strategies such as denial, self-distraction, venting, self-blame, and disengagement (Merrill & Thomas, 2013).

Moore, Biegel, and McMahon (2011) explored the mediating effects of family member coping on the relationship between family member stressors, family member well being, and family member outcomes. Their sample included 82 women in treatment for substance use disorder and 82 family members. Brief interviews were used to collect

data. The findings indicated that family members use both adaptive and maladaptive coping behaviors, yet show that maladaptive coping had greater impact overall family member outcomes. Although maladaptive coping was associated with a disproportionate effect on family member outcomes, not all family members reported maladaptive coping. This implied that some participants were resilient in the face of adverse circumstances. However, the study did not provide information to explain why some family members were more resilient in the face of adversity than others, suggesting that in depth, qualitative interviews would enable the exploration of such resilience. The study also recommended an increase in appropriate intervention efforts to address these behaviors as a priority in treatment planning and provision.

The Family as a System

A family systems perspective presents an understanding of the family as an emotional unit that regulates the behavior and social development of its members. According to seminal research on family systems by Bowen, (1976), interconnected functional roles and emotional relationships among family members combine to create a unique social unit that changes in a predictable fashion over time. Consequently, a shift in the functioning of one family member will disturb the balance of the entire system and disrupt the development of important relationship skill building (Bowen, 1976; Bowen & Kerr, 1978; Feinberg et al., 2012; Shalash et al., 2013). Positive engagement within a family is characterized by warmth, cooperation, and clear communication. In a longitudinal study with 400 families, Ackerman, Kashy, Donellan, and Conger (2011) found that positive behavior in the family was contingent upon the observation of

positive behavior in other family members and a likely indicator of successful future relationships. Ackerman et al. (2011) conducted a quantitative study to investigate the extent to which positive interactions between family members reflected the quality of the overall family climate. Four hundred families with both parents and two siblings were interviewed in their homes twice a year for three consecutive years to gather information about family interactions. A significant finding indicated that reciprocity was the single most important indicator of supportive response between members of the family, where modeling of positive behavior was the most powerful influence, regardless of family role. The findings from this study cannot be generalized as the sample included only intact, Caucasian families. Nevertheless, the study indicated that an individual's disposition, rather than the position or role in the family hierarchy, that played a more important role in family dynamics.

Differentiation of self is a fundamental construct of family systems theory that describes the extent to which individuals are able to navigate a healthy balance between independence and togetherness with other family members (Bowen, 1976; Bowen & Kerr, 1978; Janowski & Hooper, 2012; Mehri, Salari Langroudi, & Baharamizadeh, 2011). The differentiated self has the capacity to deal with anxiety and conflict in a thoughtful rather than a reactive manner (Bowen, 1976). The extent of an individual's differentiation of self is considered an indicator of positive or negative mental health (Bowen, 1976; Bowen & Kerr, 1978; Janowski & Hooper, 2012). In order to investigate the link between differentiation of self and subsequent adult psychological functioning, Janowski and Hooper (2012) conducted a confirmatory factor analysis with 749

university students. The finding indicated poorly developed differentiation of self in the family of origin correlated with increased difficulty to form healthy relationships beyond the family of origin. In contrast, individuals who experience a warm and supportive family system are likely to engage in warm and supportive future relationships (Ackerman et al., 2011).

Alcoholic Family Systems

Alcohol use disorder is associated with a shift in the functioning of the index patient, suggesting an impact in functioning for the entire family system. An alcoholic family system is described as a family in which alcohol use disorder has become a central organizing principle (APA, 2013). Alcohol abuse has been identified as a mechanism that leads to increased levels of anxiety leading to interpersonal, emotional, and social consequences for all family members (De Aquino Lemos et al., 2011; Lechner et al., 2014; & Mann et al., 2012).

Parental alcoholism is associated with inconsistent parenting, abuse or neglect, and the involvement local child protection agencies (CASA, 2013). Separation rates and divorce rates are approximately four times higher in an alcoholic family system than in the general population (McCrary, 2012). Physical violence is about 60% more likely in couples where one partner is alcoholic (Cox, Ketner, & Blow, 2013). Parental alcohol abuse is also associated with poor discipline skills that include harsh discipline and failure to follow through (Arria, Mreicle, Meyers, & Winters, 2011). Long-term effects on children included unmet educational needs, difficulty forming healthy peer relationships, and failure to launch (Lander, Howsare, & Byrne, 2013).

Family environments in which at least one parent has alcohol use disorder can be traumatic, chaotic, and unpredictable (Velleman, 2010). The children of alcoholics become isolated and afraid to discuss their experiences with others (Mackrill, Elklit, & Lindgaard, 2012). Maladaptive behaviors are learned by the children of alcoholics in an attempt to cope with parental alcohol abuse, and these behavior patterns persist into adulthood, long after the resolution of the parental alcohol abuse (DaSilva & Da Silva, 2011; Vernig, 2011).

An example of a maladaptive response is the emotional cut-off. The emotional cut-off is attempted on a continuum of withdrawal from family contact ranging from physically moving away to staying in physical contact but avoiding stress and conflict (Adelson, 2010; Bowen, 1978; McKay, 2012). A link between individuals who engage in coping mechanisms such as the emotional cut-off and problems in later life relationships has been established in previous research (Merhi, Slari, Langroudi, & Baharamizadeh, 2011; Thorber & Lyvers, 2010). Merhi et al., (2011) recorded different levels of emotional reactivity within a randomly selected group of 200 students in Tehran. The *differentiation of self inventory* (Skowron & Frielander, 1998) was used to measure emotional functionality within family of origin relationships. A second measure was taken again three months later, based on current levels of emotional reactivity within recently formed relationships. Students who scored higher levels of emotional reactivity and engaged in responses such as the emotional cut-off in the family of origin were more likely to experience greater interpersonal distress and psychosocial problems in current relationships. Additionally, Thorberg and Lyvers (2010) conducted a correlation study

with 100 chemically dependent patients in Australian treatment centers. A correlation between use of the emotional cut-off and other forms of disordered interpersonal functioning was identified as significant. Self-report and random sampling presented limitations for both these studies, the latter indicating no recognition of differences based on diverse cultural or ethnic backgrounds. However, the findings establish a connection between maladaptive coping styles in response to alcohol use disorder and stress in the original family system that prevail through later life relationships.

In a study with 36 chemical dependent individuals, Cook (2007) used structured interviews and genograms to learn how the participants responded to perceived conflict in the family of origin. Bowen's Family Systems theory (1978) was used as the framework for the study. Patterns of multigenerational transmission of conflict and responses to conflict, particularly the use of the emotional cut-off, were observed among all participants.

Despite the difficulties an individual may experience in an alcoholic family system, certain factors can lead to positive outcomes. However, it appears that less research is available to indicate the positive impact of treatment and other interventions that lead to positive outcomes. Personal characteristics such as self-esteem, confidence, self-control, and a flexible nature have been identified in previous studies as factors that enable resilience in the face of negative experience (Grzegorzewska & Farnicka, 2013; McCann et al., 2012; Rutter, 2013). In a qualitative study using semi-structured interviews and genograms, DaSilva and DaSilva (2011) studied the children of five families with an alcoholic parent in Brazil. They found that the ability to establish

distance from critical experiences and to live differently from their parents were protective characteristics. However, the ability to establish distance from critical experience has also been established as a risk factor (Bowen, 1976), when establishing distance by physically or emotionally distancing oneself in an attempt to avoid conflict is a maladaptive coping response. This provides an opportunity for future research to differentiate between positive distancing, as identified by DaSilva and DaSilva (2011) and the seminal concept of the emotional cut-off (Bowen, 1976) as a maladaptive response.

The above-mentioned research indicates that alcohol use disorder disrupts the entire family system. It illustrates how the family context holds information about the characteristics of individual members that can positively or negatively mediate negative experiences. I found that the majority of the research presented the identified client as the hub of the family wheel, where the spokes of the wheel represent relationships with other family members. A gap in the literature was found that connected the dots between the family members on the outer rim of the family wheel to consider relationships in an alcoholic family separately from those with the identified client. The relationship between siblings, for example, is considered to be a building block of family structure and significant in the formation of family dynamics. Despite this, the sibling relationship is described as relatively neglected by family scholars who study close relationships (McHale et al., 2012). Because mutual interdependence exists between different subsystems within the family system, it is essential to collect information from all members of the family, and from different perspectives of their lived experience.

The Sibling Relationship

Husserl (1931) is a primary source of seminal writing on the interpretation of lived experiences through phenomenology. A phenomenon is something that is interpreted through individual consciousness of certain concepts, and each concept presents an essence (Reiners, 2012). The purpose of this study was to explore the essence of being a sibling and to with particular focus on the phenomenon of being a sibling in an alcoholic family system. To that end, a review of seminal works and recent literature regarding the importance sibling relationship, the impact of parental alcohol use disorder on the sibling dyad, with implications for later life relationships was conducted.

The sibling relationship is an integral component in the lives of individuals and families around the world and across life spans. Approximately 90% of citizens in Western cultures have either a biological, half, step, or adoptive sibling (WHO, 2012). Siblings serve as role models in childhood and provide opportunities to support and be supported throughout adulthood (Buist, Dekovic, & Gerris, 2011; Feinberg & Solmeyer, 2011; Hindman, Riggs, & Hook, 2013; McHale, Updegraff, & Whiteman, 2012; Whiteman, McHale, & Soli, 2011). Several factors add to the complexity of the sibling relationship such as birth order, gender, space between siblings, and age. For example, older siblings often become teachers of their younger siblings. Siblings who are closer in age must learn to play and get along with each other, providing opportunities for siblings to learn how to negotiate or consider different perspectives (Padilla-Walker, Harper, & Jensen, 2010). Children with a positive sibling relationship are less likely to be bullied or victimized by their peers (Lamarche et al., 2006). The sibling relationship is associated

academic success and competence among peers and romantic partners as well as difficulties such as depression, low self-esteem, disruptive and risky behavior extending from childhood into adolescence and adulthood (Feinberg, Solmeyer, & McHale, 2012). Sibling support can compensate for deficits in other support networks such as parents and friends (Milevsky, Schlechter, & Machlev, 2011). Additionally, adolescents who have close relationships with their siblings are reported to show higher levels of empathy than adolescents without close relationships with their siblings (Lam, Solmeyer, & McHale, 2012).

Researchers have attempted to examine the role of siblings in families from diverse backgrounds. Buist et al. (2013) conducted a longitudinal, cross-ethnic comparison to examine differences in sibling relationship quality between adolescents of Moroccan and Dutch origin. For both ethnic groups, sibling relationship quality was found to be related to problem behaviors, and implied that more sibling support and less sibling conflict were associated with less externalizing problems, regardless of ethnic or cultural background. However, McGuire and Shanahan (2010) determined that while sibling positivity is associated with healthy development and resilience, the notion of universal sibling processes is misleading when considering diverse and evolving family contexts. In light of these findings, it is possible to conclude that future research about the sibling relationship would benefit from studies that embrace cultural diversity.

Conflict and the Sibling Relationship

Conflict between siblings is a complex issue. A review of seminal works on siblings revealed several theories about conflict and the sibling relationship including

attachment theory (Bowlby, 1969) and individual psychology theory (Adler, 1931). Seminal work on sibling competition and sibling rivalry was written by Dunn and her colleagues (Fearon, Bakermans-Kranenberg, & Ijzendoorn, 2010; Howe & Recchia, 2014; Szabo, Dubas, & van Aken, 2012). Rivalry between siblings may occur in response to feelings of inferiority caused by parental favoritism (Baker, 2013). As a result of this assertion, sibling differentiation was encouraged in an attempt to develop less conflictual and more harmonious relationships. In contrast, Dunn (1985) claimed that conflict between siblings plays an essential role in promoting social and emotional competencies, and that a lack of conflict between siblings could deprive children of important cognitive and emotional development, suggesting that closeness and conflict are neither positive nor negative qualities and not necessarily polar opposites. Both theories imply that the sibling relationship provides an important foundation for learning conflict management skills that set the stage for conflict management in later life relationships. However, because sibling relationships are complex and shift across time and place, a single theoretical perspective may be inadequate to account for the developmental and group differences that are evident among sibling groups.

Conflict in the form of disagreements, arguments, and even aggression is not uncommon between siblings. In a study to explore the extent of conflict among siblings, 50% of the families reported incidents of victimization between siblings with more than 4% reporting incidents of severe victimization that included the use of a weapon (Tucker, Finkelhor, Turner, & Shattuck, 2014). However, sibling aggression was also described as normal and harmless (Caspi, 2012). Whereas conflict between siblings may be

recognized as problematic, the absence of conflict between siblings could deprive individuals of experiences that are necessary for cognitive, emotional, and social development (Kramer, 2010).

Reese-Weber and Bartle-Haring (1998) found that conflict between adolescent siblings relationship was closely associated with conflict in adolescent intimate partner relationships. They observed that when attack and avoid styles were used in the sibling dyad, they were more than likely to be repeated in later life dyadic relationships. In order to compare attack, avoidance, and compromise styles within siblings in the family of origin as predictors of attack, avoidance and compromise styles in current intimate partner relationships, Shalash, Wood, and Parker (2013) conducted a retrospective study based on data from questionnaires distributed among 144 participants. Specific conflict styles used by siblings in adolescence were found to predict the same conflict styles with current intimate partners. The authors acknowledged the study was limited as retrospective self-reports from participants may carry bias or depict conflict style in a more favorable or less realistic light. However, the study illustrated that sibling conflict resolution style is echoed on later life relationships. Conflict is recognized as an important building block in relationship development, yet maladaptive responses to conflict that are learned in alcoholic families may jeopardize certain social skill-building opportunities. Children who are raised in an alcoholic family system are likely to engage in maladaptive responses to conflict such as the emotional cut-off where the individual attempts to avoid conflict by emotionally or physically creating distance. The findings

from this study showed that the same response to conflict would occur in later life relationships.

The Significance of the Sibling Relationship

The emotional environment within a family is both multi-dimensional and complex and is associated with the formation of behavior patterns that prevail beyond the family of origin. The interaction between siblings offers an opportunity for developing and practicing social skills and for learning about individual adjustment in other social settings. The sibling relationship is one of the most influential and enduring relationships an individual may experience and is considered an important indicator of later life relationships (Derkman et al., 2010; Kramer, 2010; Shalash, Wood, & Parker, 2013). An individual's ability to appreciate a sibling's point of view helps individuals to understand the mental states of others, and sibling engagement sets the stage for future relationships (Kramer, 2010). A seminal work on siblings by Stocker and Dunn (1990) measured associations between school-aged children's sibling, peer, and friend relationships using a correlation analysis based on parent, teacher, and self-report. The findings demonstrated that patterns of interaction between children within sibling relationships were not associated or similar to the patterns of interaction among their peers in the classroom (Stocker & Dunn, 1990). On the other hand, seminal work related the connection between the sibling relationship and later life relationships revealed explicit links between the two. In a seminal work by Buhrmester (1992), an adolescent's closest sibling was described as more influential than the relationship with parents for predicting companionship and

intimacy (Buhrmester, 1992). An analysis of these two findings suggests that patterns that develop in early childhood emerge over time.

The family system comprises an interactive system of dyadic subsystems. These subsystems have been studied in an attempt to identify problem behavior and its development through childhood stages (Ackerman et al., 2011; Buist & Vermande, 2014; Buist, Dekovic, & Gerris, 2011; Feinberg, Solmeyer, & McHale, 2011; Kramer, 2010; Lam, Solmeyer, & McHale, 2012; McGuire & Shanahan, 2010). In an attempt to compare the impact of different family subsystems on problematic adolescent behavior, Buist et al. (2011) conducted a longitudinal study with 280 families to identify and compare the influence of three dyadic family subsystems: parent-child; marital; and the sibling subsystem. Questionnaires were used to gather data concerning relationships with other family members so that correlations between family affective quality and problem behavior could be observed. The sibling affect was found to have the strongest longitudinal influence on adolescent externalizing behavior. The assumption that negative relationship quality is stronger than positive relationship quality was not confirmed in this study, suggesting that warmth and support between siblings may be as strong if not stronger than hostility or lack of warmth in the parent-child relationship in determining positive social adjustment. This finding also supports the inclusion of all subsystems when considering relationships and the importance of considering positive as well as negative aspects of the relationship. In contrast, sibling conflict was found to be a risk factor for depression, anxiety, and general self-worth, regardless of the amount of warmth in the sibling relationship (Buist & Vermande, 2014). Although these studies indicated

that conflict in the family of origin led to increased conflict within the sibling subsystem, it was difficult to conclude that conflict between siblings is a negative force. Some individuals may compensate for negative experiences in the family of origin by forming a deeper attachment within the sibling relationship (McHale, Updegraff, & Whiteman, 2012).

Within the family system, the sibling bond has been highlighted as even more important than the bond between parents and children in determining the quality of life (Buist et al., 2014; Hindman, Riggs, & Hook, 2014; Moysen & Roeyers, 2011). Hindman, Riggs, and Hook (2013) conducted a study to consider complex pathways to child outcomes among 165 families from diverse cultural backgrounds, seeking to identify links between parental mental health, marital adjustment, the quality of the sibling relationship, and children's psychological functioning. Contrary to expectations, the greatest predictor of fewer psychological symptoms among the children in the study was the strength of the sibling relationship, revealing that the sibling bond contributes in a unique and powerful way to behavioral and emotional outcomes.

Padilla-Walker, Harper, and Jensen (2010) conducted a longitudinal study with participants from 395 families from a northwest U.S. city to learn more about the influence of the sibling relationship in early adolescence. Data were collected from face-to-face interviews over a one-year period and analyzed using multiple group analyses. The findings indicated that siblings influence both negative and positive adolescent outcomes, with positive affection being more significant than sibling hostility and even greater significance than parental influence. Due to the horizontal nature of the sibling

relationship due to similarity of age compared with a vertical or hierarchical relationship shared with parents, sibling influences are more predominant than parental influences on adolescent outcomes. The authors acknowledged several limitations including the use of self-report from siblings, and the short-term nature of the 12 month study. However, the findings implied that treatment planning for prevention and intervention programs would benefit from a focus on the unique nature of the sibling relationship.

The concept of family quality of life is important in most family support programs. Many surveys that are conducted to learn about family quality of life are directed at the parents in the family who answer on behalf of their children (Moysen & Roeyers, 2011). In order to learn more about family quality of life from the sibling perspective, Moysen and Roeyers (2011) used phenomenology-based interviews to help understand the experience of being a sibling from the siblings' own frames of reference. Their findings indicated that the siblings' definitions of quality of life differed from the other family members' definitions, pointing to a discrepancy between siblings' and parents' viewpoints. Therefore, in order to obtain a comprehensive understanding of the sibling experience, this finding supported a study about the experience of being raised in an alcoholic family from the siblings' own descriptions.

Factors that impact the Sibling Relationship

The impact of the sibling relationship on other relationships was explored in this literature review. There are several ways that the family system may influence the sibling relationship (Derkman, Engels, Kuntsche, van der Vorst, & Scholte, 2010; McHale, Updegraff, & Whiteman, 2012; Milevsky & Heerwagen, 2013). A positive association, or

spillover, implies that the quality of the parent-child relationship may be associated with the quality of the sibling relationship, meaning that conflict and hostility in the marital subsystem are likely to be linked to sibling conflict (Derkman et al., 2010). A spillover, or association of warmth and support or conflict, is common in early childhood, meaning that the sibling relationship is susceptible to the emotional climate of the parental relationship (Derkman et al., 2010). Adolescence is a time of change when communication and relationships between family subsystem dyads changes (Kiegersers & Poulin, 2013). In order to investigate bidirectional associations between parental support and warmth or conflict and support and warmth or conflict between adolescent siblings, Derkman et al., (2010) conducted a longitudinal study over 5 consecutive years. Questionnaires were used with 428 families, each with two parents and two adolescent children, to measure bidirectional associations of support and warmth or conflict between the two groups. The results of the study indicated that, whereas there was an association between sibling warmth and conflict with parental support, this was not reciprocated or bidirectional. While there was a spillover from the sibling relationship to the parent-child relationship, there was not a spillover from the parent-child relationship to the sibling relationship. This suggested that the sibling relationship is more robust during adolescence and less open to parental influence. The findings from this study cannot be generalized as all the participating families originated in Western cultures. However, the descriptive data from this study suggests that adolescents and their parents have different perceptions of what constitutes parental support. It is important to engage in further studies that focus on siblings' perceptions of the sibling relationship.

As children begin to move from home toward college and eventual independence, other factors affect the relationship between siblings. In order to explore factors that impact the sibling dynamic in emerging adults, Milevsky and Heerwagen (2013), conducted a phenomenological enquiry with 52 college students. Certain themes were derived from semi-structured interviews about various aspects of their family environment. While transition from home to emerging adulthood can lead to a shift in the sibling relationship, some participants noted that the distance was of benefit to the relationship. However, hostility between parents and separation or divorce were reported as significant factors that had a negative impact on the sibling relationship. Hostility between parents and higher rates of separation and divorce are associated with alcohol use disorder (McCrary, 2012).

Alcohol use disorder and siblings. The family is a significant place where children learn about relationships and adopt patterns that prevail beyond the family of origin. The alcoholic family is described as a challenging system where maladaptive behavior patterns emerge in response to chaos caused by alcohol use disorder. The sibling relationship within the alcoholic family has been described as a journey of trauma and silent loss, where meaningful relationships are unfulfilled and stymied by efforts to cope with stress, anxiety, and disruption within the family system (Templeton, Velleman, Hardy, & Boon, 2009). To learn more about the effect of alcohol use disorder on the sibling relationship, Howard et al. (2010) conducted a phenomenological enquiry into the experiences of individuals with an addicted sibling. Data were gleaned from the narratives of seven women and analyzed using Bowen family system's theory as a

conceptual framework. Several themes were gleaned from the different perspectives presented in the narratives:

- “I blame myself.”
- Feelings of fear, love, sadness, and hopelessness.
- “My sibling’s addiction holds things back”
- “I cut him out of my life.”
- “I don’t really matter much to my parents.” (Howard et al., 2010)

Themes that emerged from this study related to one sibling’s response to another sibling’s alcoholism or drug abuse. Conclusions from this study point out the hope of recovery and the benefit of treatment. This work provided a helpful foundation for the current study that focused on the experience of siblings who shared one or more alcoholic parent.

Summary

Alcohol use disorder affects individuals, families, and communities. Parental alcohol use disorder impacts a parent’s ability to provide adequate parenting (CASA, 2013; Casswell et. al., 2011; Ray, Mertens, & Weisner, 2009; SAMHSA, 2011). Parental alcoholism results in a chaotic home environment (Velleman, 2010) with long term effects on children who find difficulty forming healthy peer relationships (Lander, Howsare, & Byrne, 2013). Members of an alcoholic family system (Bowen, 1978) learn to use maladaptive coping mechanisms as a means of coping with the difficulties they experience (DaSilva & DaSilva, 2011). These maladaptive responses persist into adulthood (Vernig, 2011). Treatment for alcohol use disorder tends to focus on the

identified client while research and treatment that focuses on other family members is less robust (Cox, Ketner, & Blow, 2013; Roth, 2010; Schafer, 2011; Taylor, 2011).

The relationship between siblings is considered to be an important influence in the formative years, and its impact extends into adulthood (Buist, Dekovic, & Gerris, 2011; Feinberg & Solmeyer, 2011; Hindman, Riggs, & Hook, 2013; McHale, Updegraff, & Whiteman, 2012; Whiteman, McHale, & Soli, 2011). The sibling relationship provides a platform where individuals learn and practice important relationships skills, including conflict resolution skills (Buist & Vermande, 2014; McHale & Soli, 2013; Kramer, 2010). The relationship between an individual and his or her sibling has been described as more influential than the relationship between an individual and his or her parents (Ackerman et. al., 2011; Kramer, 2010; Moyson & Roeyers, 2012; Shalash et al., 2013). There appears to be a lack of literature about the sibling relationship in an alcoholic family system (Howard et al., 2010; Feinberg, Solmeyer, & McHale, 2011; McHale, Updegraff, & Whiteman, 2012).

The literature review demonstrated the importance of the sibling relationship and its vulnerability within an alcoholic family system. The literature review revealed a limited amount of current research and appropriate treatment and interventions to address the needs of siblings (Kramer, 2010; Lam et. al., 2012; Shalash et al., 2013). Research about the experience of siblings tends to be recorded from the perceptions of their parents (Moyson & Roeyers, 2012). The purpose of this study was to address the apparent gap in the literature by providing information about the sibling experience from the perspective of siblings who were raised in an alcoholic family system. Descriptive, or transcendental,

phenomenology was chosen as the research method to capture the lived experience of siblings who experienced parental alcoholism. Chapter 3 provides a detailed plan for this study.

Chapter 3: Research Method

Introduction

This study was based on a qualitative phenomenological research design. A phenomenon manifests through something that is perceived and can be explored (Moustakas, 1990). In a broad sense, phenomenological research seeks to reveal the essential meaning of the phenomenon under study, and to identify phenomena as they are perceived by the actors in a situation (Lester, 1999). The purpose of this qualitative phenomenological study was to explore the lived experiences of siblings who encountered parental alcohol use disorder in their family of origin. Within the field of phenomenological research there is a variety of research methods. In Chapter 3, I provided the rationale and justification for choosing a specific phenomenological research approach, described the research design and the role of the researcher. An overview of data collection methods, sampling strategy and sample size, and a description of the processes to be used for data collection and analysis was provided. Chapter 3 concluded with a discussion about trustworthiness of the data, protection of participants, and ethical considerations.

Research Design and Rationale

The research questions that guide this study were:

1. What is the experience of being a sibling in an alcoholic family?
2. How are individual differences reflected in the adult siblings' accounts of their experience with alcoholism?

3. How do children respond to conflict within an alcoholic family system and in later life relationships?

Descriptive and Interpretive Phenomenology

An appropriate research design is one that best answers the questions posed and explores the topic of the study (West, 2013). The research questions focused on the experience of being a sibling in an alcoholic family unit. Phenomenology is described as the study of lived experience (Patton, 2002), and an attempt to unfold meanings as they are lived in everyday existence (Polkinghorne, 1983). Phenomenologists assume that knowledge may be achieved through interactions between the participant and the researcher (Reiners, 2012).

In order to determine the most appropriate phenomenological research method, it was helpful to consider the philosophical foundations that support different phenomenological paradigms. Epistemology is the study of knowledge, while ontology is the study of being (Weber, 2012). Phenomenological research may be either descriptive or interpretive (Hanley, Lennie, & West, 2013). Descriptive phenomenology, developed by Husserl, is epistemological in its purpose to reveal what is known through rich descriptions of a phenomenon from participants in a study (Reiners, 2012). Descriptive, or transcendental phenomenology seeks to describe rather than explain the experience of individuals from their own perspectives (Husserl, 1970; Moustakas, 1990, Reiners, 2012). Polkinghorne (1983) described this focus on human experience as an opportunity to reveal that which is taken for granted. Interpretive phenomenology, developed by Heidegger, provides an ontological interpretation of phenomenology, proposing to reveal

how (Heidegger, 1962) people experience a phenomenon based on their interpretation of lived experiences (Gee, 2011; Smith, Flowers, & Larkin, 2012).

Descriptive Phenomenological Analysis

The goal of this research study was to learn more about the sibling relationship from the perspective of adult siblings who experienced parental alcohol use disorder. The goal of descriptive, or Husserlian, phenomenology is to obtain rich, detailed descriptions of an individual's worldview, or life-world (Husserl, 1970). Descriptive phenomenology provides a platform for the discovery of common experiences and universal themes within the sample population (Husserl, 1970; Lester, 1999). An assumption of this method is the understanding that the participant has insight into his or her own experience. In an attempt to locate the essence of the experience, the participant is invited to describe his or her personal understanding of a phenomenon through thought, memory, imagination, and emotion (Gee, Loewenthal, & Cayne, 2013; Reiners, 2012). This suggests that in order to learn about a phenomenon, it is necessary to return to the individual's experience of the phenomena as he or she lived it.

Descriptive phenomenology provided a viable opportunity to answer the research questions posed in this study and to help fill a gap in the current body of literature. By using a descriptive phenomenological approach, further information was provided about the sibling relationship from the thoughts, memories, imagination, and emotions recalled by adult siblings. Several empirical and narrative accounts describe the effects of alcohol use disorder on the index person and their relationship with their children and their parents, yet sparse attention has focused on the unique set of experiences that accompany

the development of the sibling relationship (Howard, Heston et al., 2010). The majority of the research about the sibling relationship referred to in this study was based on information provided by other family members, not the siblings themselves (Derkman et al., 2010; Heston et al., 2010; Hindman, Riggs, & Hook, 2010). Phenomenological research by Moyson and Roeyers (2012) was conducted to investigate and to compare perceptions of the sibling relationship from both the siblings and their parents. Their research highlighted a discrepancy between parental perceptions and the perception of siblings, implying it is necessary to learn from siblings about the sibling relationship (Moyson & Roeyers, 2012).

The goal of descriptive phenomenology is to reveal what is known to the knower (Husserl, 1970) by intentionally directing one's focus to develop a description of particular realities, and to allow the participants' stories to reveal what is meaningful to them (Moustakas, 1990). In this study, the *knower* was the sibling, and the intention of was to learn about the particular realities known to siblings about their experiences, separate from the perceptions of other family members. Descriptive phenomenology does not reject analysis, but seeks first to obtain rich and textured descriptions of human experience, and any analysis should follow on from this description (Gee, Loewenthal, & Cayne, 2013). Through the use of a descriptive phenomenological approach, I obtained rich descriptions of the sibling relationship from a sibling's perspective, and found universal and common themes that emerged from data.

Other Qualitative Approaches

In order to find the most appropriate method to answer the research questions, I considered other qualitative approaches. A description of alternative qualitative approaches was provided to explain why other qualitative approaches were deemed unsuitable. Grounded theory is an approach that uses a specific group of methodological steps in an attempt to generate theory from qualitative data (Patton, 2002). Rather than establishing a specified sample, grounded theorists interview numerous participants until saturation occurs and no new data emerges (Creswell, 2014), seeking to give insight into processes (Morse, 2003). Glaser (2005) maintained that grounded theory enables a shift in the design of interventions from one size fits all to a design that is grounded in the research of specifically targeted populations. One of the issues raised in the problem statement was the apparent lack of programs and interventions that specifically target siblings from an alcoholic family system. Grounded theory may prove to be a helpful approach in future research when there is a clearer understanding of this particular population and their needs.

A case study is used to advocate for marginalized individuals by presenting an in-depth description and analysis of a particular case under study (Creswell, 2014). A specific case may be examined in order to explore deep and complex issues. The subject of a case study may be an individual, a group, or an organization, and the study would focus on a specified time period (Creswell, 2014). If the case study approach was chosen, the unit of analysis could be a pair of siblings from a single-family unit. The alcoholic family could also be considered as a unit of analysis. However, this approach would not

enable a comparison of data gleaned from other sibling pairs in different family units, and would not allow for an emergence of themes. The purpose of this study was to consider the sibling relationship across time spans, from childhood to adulthood, therefore a specific time period would serve as a restriction. Additionally, as Yin (2009) indicated, a case study is not recommended for the study of abstract phenomena such as the essence of being a sibling. For these reasons, a case study did not present as a good fit for the research problem.

Ethnographic research focuses on the development and maintenance of a particular culture, and considers cultural commonalities such as shared language, beliefs, and behaviors of a specified group of people (Creswell, 2014). Individuals who share a context or the same environment inevitably develop patterns of interaction based on expectations and shared beliefs (Patton, 2002). This study was based in a small, remote and isolated community, and the alcoholic family unit is a focus of the study. Both of these contexts could provide opportunities for ethnographic research into specific behavior and language patterns that develop based on shared beliefs about these two cultural groups. However, the focus of ethnographic research is the everyday life of an identified group or culture, and not a phenomenon.

Narrative research is a qualitative approach based on an epistemological assumption that individuals make sense of random experiences through a process of story telling (Andrews, Squire, & Tamboukou, 2013). A case study approach seeks to reveal how one or two participants construct a story about who they are within the context of past experience (Creswell, 2014) based on what participants choose to tell (Gregory,

2010). Narrative research would provide a suitable approach if the focus of the study sought to determine how participants develop a narrative of their experience, rather than focus on how a phenomenon is interpreted or described by a group of individuals (Creswell, 2014). A narrative research approach was not suitable for this study as the research questions explored the lived experience of being a sibling, rather than a focus on the participant's story itself as the object of the investigation.

Role of the Researcher

One of the significant differences between interpretive and descriptive phenomenology is the role of the researcher. This includes a consideration of researcher bias, judgment, and personal beliefs about the phenomenon. Heidegger believed it is impossible to exclude our personal experiences as they relate to the phenomenon under study (Smith, Flowers, & Larkin, 2012). In order to address such issues as researcher bias, the descriptive phenomenologist uses a process called bracketing (Husserl, 1970). Bracketing is a process of suspending one's judgment or particular belief about a phenomenon in order to see it clearly (Laverty, 2003). Husserl recommended that the researcher bracket out individual biases in order to achieve contact with a particular essence. In order to do this, Tufford (2014) suggested that the researcher begins with a process of self-reflection to identify his or her beliefs about the nature of a phenomenon under study, and then set personal beliefs aside in an attempt to see the phenomenon as it really is. By writing down these reflections, the researcher becomes aware of his or her biases and assumptions, then sets them aside to engage in the research process without preconceived ideas about subject of investigation (Tufford, 2014).

Self- Reflection

My personal interest in this topic originates in my childhood. I am a sibling with an older brother and a younger sister. My brother, my sister, and I experienced conflict in the home. We learned to deal with conflict by either engaging in hostilities, ignoring the conflict, or cutting off contact emotionally or physically. As I reflected on these matters, I became aware that positive or negative outcomes were possible. Our family did not receive or take part in any treatment, either to address alcoholism or the impact of conflict on our family as a whole. Therefore I believe I hold no particular bias in regard to the efficacy of treatment, and am aware that various responses to conflict are possible.

I am a licensed and certified substance abuse counselor. I facilitated a support network group for family members and other individuals related to the identified client. Through my professional experience, I was aware of a lack of treatment programs that specifically address the sibling-to-sibling relationship. I observed that family support services are poorly attended and that most of the affected others attended the meeting in an attempt to support the individual client. This experience supported the findings of researchers referenced in this study. It is the combination of these factors that inspired me to find out what is known about the impact of parental alcohol use disorder on the sibling relationship and found there appeared to be a gap in the literature. I documented my reflections on the subject matter and through this awareness in order to set aside any personal assumptions or biases about the subject area. I did not select any participants for the study with whom I had a professional relationship in order to avoid any power differential between the participants and myself.

Methodology

Participants

The sample for this study consisted of adult siblings who identified as having at least one parent with a diagnosis of alcohol use disorder. I recruited a minimum of two adult siblings from the same family of origin. All of the participants were permanent residents of the same community. In order to protect the confidentiality and anonymity of the participants, the name of the community is not used.

Sampling Strategy

Qualitative researchers use purposeful sampling strategies to determine the characteristics of the participants in the study (Creswell, 2013). This implies an intentional approach to participant selection, based on their particular life experiences (Maxwell, 2013). Participants for this research study were purposefully selected using a criterion sampling strategy. A criterion sampling strategy involves seeking individuals who meet certain criteria or had a particular life experience (Creswell, 2014). Other phenomenological research studies about adult children of alcoholics used purposeful sampling. Vaught and Prince-Wittman (2011) conducted a phenomenological study to explore perceptions of occupational choices. Participants were chosen based on the criteria of being an adult females who self-identified as being an adult child of an alcoholic. By using a criterion sampling strategy, individuals who have not experienced the phenomenon to a sufficient degree are eliminated (Creswell, 2014). The specific criteria were as follows:

Adult siblings. Each participant was eighteen years or older and had a brother or a sister who is also eighteen years old or older. The siblings shared the same parents and family of origin, thus siblings, half-siblings, or stepsiblings who did not grow up in the same household were excluded from the study.

Parental alcohol use disorder. The DSM 5 criteria were used to define alcohol use disorder for this study. For the purpose of this study a parent was defined as a primary caregiver who was responsible for the care of the participant throughout his or her childhood. Participants were invited to recall at least one parent exhibiting a minimum of three or more of the defined criteria over a period of at least 12 months: (a) alcohol often taken in larger amounts or over a longer period of time than was intended; (b) a persistent desire or unsuccessful efforts to cut down or control alcohol use; (c) a great deal of time spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects; (d) craving, or a strong desire to use alcohol; (e) recurrent alcohol use results in failure to fulfill major role obligations at work, school, or home; (f) continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol; (g) important social, occupational, or recreational activities are given up or reduced because of alcohol; (h) recurrent alcohol use in situations in which it is physically hazardous; (i) alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol; (j) tolerance as defined by needing more to get the same effect or a markedly diminished effect with the continued use of the same amount of alcohol; (k) withdrawal as manifested by the characteristic withdrawal

syndrome (APA, 2013). Participants were selected on the basis of being permanent residents of a remote Atlantic island community, having spent their childhood on the island.

Island residents. Participants were selected on the basis of being permanent residents of a remote Atlantic island community, having spent their childhood on the island.

Other sampling strategies. The use of a homogenous sampling strategy was considered to answer the research problem in this study. A homogenous sampling strategy is used when interviewing participants with similar experiences in a focus group (Paton, 2002). A criterion sampling strategy, on the other hand, allows the researcher to determine differences as well as similarities, and was chosen as the most appropriate strategy. A snowballing or chain sampling strategy is useful in phenomenological research, where participants of interest are suggested by other participants in the study (Paton, 2002). This strategy was used to recruit siblings of the initial group of volunteer participants.

Sample Size

The aim of qualitative research is to improve the understanding of complex psychosocial issues rather than to produce results that can be generalized across various populations (Marshall, 1996). For this reason, it is challenging to determine the correct sample size that would provide adequate data to answer the research question (Patton, 2002). Nastasi (2004) offers two considerations about sample size: the sample needs to be large enough to provide appropriate diversity or variation that is represented in the

population of interest; and small enough to allow for the identification of consistent patterns. Qualitative studies often abide by the concept of saturation (Glaser & Strauss, 1967), which refers to a point when the collection of new data does not uncover any new ideas, themes, or perceptions (Mason, 2010). Although the consideration of saturation does not offer a specific sample size, incorporating a range in the planning of sample size would allow for a saturation point in the data collection process.

Creswell (2014) recommended an average size of 5-25 participants for descriptive phenomenological studies. Larger samples provide breadth of data, while smaller samples enable a more in-depth analysis (Patton, 2002). In a study about the impact of parental alcoholism on the sibling relationship, the sample size was seven (Howard et al., 2010). Milevsky and Heerwagen (2013), on the other hand, conducted a phenomenological enquiry about the sibling relationship in emerging adulthood with a sample size of 52. The first study explored the phenomenon in depth with a smaller sample, while the second study sought to capture the breadth of the phenomenon. Similarly, da Silva et al. (2011) conducted phenomenological research with ten families of alcoholics. Crouch and McKenzie (2006) recommend less than 20 cases to facilitate and to enhance an in-depth inquiry. Therefore, the sample size for this study reflects the purpose of the study that is to explore the phenomenon in depth. Two siblings from a range of eight to ten families, resulting in a minimum of 16 participants comprised sample size. This exceeded Walker's (2012) recommendation of 6-10 participants for an in-depth phenomenological study. Two siblings from a minimum of eight and a maximum of ten families provides a range in sample size to accommodate a saturation point as recommended by Mason

(2010), and allows for a 30% attrition rate as recommended by Maxwell (2013). Sample size must be robust enough to reach the point of saturation, which is described as an elastic notion (Mason, 2010). For this reason, I maintained a flexible approach to sample size and sought guidance from my dissertation committee members. I attended a variety of Al Anon and AA meetings in order to recruit the required number of participants.

Procedures

Researchers who conduct qualitative studies with vulnerable populations have specific challenges (Renert, Russell-Mayhew, & Arthur, 2013). Recruiting participants to discuss sensitive topics can be challenging, as potential participants may be reluctant to discuss the topic, or concerned about their anonymity and confidentiality (Felsen et al., 2010). Namageyo-Funa et al.(2014) suggested certain strategies when recruiting participants from vulnerable populations which include: collaborating with gatekeepers who provide access to potential participants; using face-to-face recruitment; using word of mouth from participants and gatekeepers; and building trust with participants.

Open meetings of Alcoholics Anonymous and Al Anon are 12 Step meetings that are open to the public (Alcoholics Anonymous World Service, 2011). In order to use a face-to-face recruitment strategy I attended open meetings of Alcoholics Anonymous and Al-Anon. This followed an example set by Weegman and Piwowitz (2009) who recruited participants for a phenomenological study by attending an open meeting of Alcoholics Anonymous. I approached the “gatekeeper” (Namageyo-Funa et al., 2014), in this case the chairperson or group moderator, of the open 12 Step meeting. I explained the purpose of the study and the procedures for data collection and sought permission to introduce my

study during the announcement section of the meeting. I introduced myself, described the topic and data collection techniques, and explained the purpose of the study as it relates to positive social change. I distributed my contact information and invited potential participants to contact me to seek further information about voluntary participation. Using word of mouth from participants on line with the snowballing technique, I engaged sibling pairs from the same family of origin.

Data Collection

Participants contacted me by telephone. During this initial contact, I verified the inclusion criteria. We scheduled a meeting to review the details of the study, read and sign the consent forms, and proceeded with the interview. Participants were informed of all procedures for data collection so that they knew what to expect. Each interview lasted between one and two hours, with a follow up interview for member checking. Each sibling was interviewed separately. Jacob and Furgerson (2012) recommended a quiet, semi-private place in which to conduct interviews. Either a venue of the participant's choice or the use of a private office in the church hall where the 12 Step meetings are held was offered as optional settings. I scheduled the rental of the church office and provided payment in the form of a monetary donation, as requested by the church minister. I conducted a minimum of five interviews each week; therefore the duration of the data collection process was approximately four weeks. To ensure confidentiality of the data and anonymity of the participants, the name of the island was not used and numerical codes were used instead of actual names to record identifying data, as

suggested by Namageyo-Funa et al. (2014). The participants were informed of the measures used to protect confidentiality and anonymity.

Interviews and the Interview Protocol

The protocol for this study was based on IRB principles (Committees on Human Research, 2012). An interview protocol describes the procedure for the interview, contains any scripts to be used, provides prompts to remind the interviewer about important items, and becomes a general guide for directing a qualitative research study (Jacob & Furgerson, 2012). Effective interview strategies serve to engage participants and encourage them to provide useful and clear information (Maxwell, 2013). Attention was given to the participant's comfort before the interview commenced, attending to such matters as physical comfort; offering a drink of water; and providing directions to the restroom. I used the following attending behavior skills, based on suggestions by Jacobs and Schimmel (2013) to establish rapport with each participant:

1. A welcoming and conversational tone of voice.
2. Appropriate use of eye contact.
3. Keeping a respectful distance.
4. Empathetic response.
5. Open-ended questions.
6. Appropriate use of probes. (Jacobs & Schimmel, 2013)

Informed Consent

An informed consent form provided information about the study, interview procedures, and expectations for future communication. Each participant was informed

about matters related to confidentiality, their right to withdraw from the project at any time, and the expected experience of the interview itself. Having given the participant adequate time to read and ask any questions about the research study, I gathered signed informed consent forms.

Debriefing After the Interview

Researchers must take reasonable steps to identify and minimize any harm to participants (Howitt & Cramer, 2011). The purpose of debriefing is to detect and deal with harm, distress, and confusion of participants (APA, 2011). A conversation was held at the end of each interview to request any feedback about the study itself, and to assess any concerns expressed by the participant. A list of counseling treatment providers was provided

With the participant's consent, each interview was audio taped using a functional tape-recorder. The interviews were transcribed verbatim. I recorded any significant observations in a field notebook to capture important detail such as body language and other non-verbal clues that allowed for a rich analysis after the interview is complete.

Interviews may be informal, structured, or semi-structured (Patton, 2002). Interview guides are helpful as they enable the researcher to pursue the same lines of enquiry with each participant and ensure consistency of questions across all participants (Jacob & Furgerson, 2012). An interview guide also allows for data collection with a clear focus yet allows the interview to be conversational and fluid (Patton, 2002). The use of standardized probes allows the researcher to explore certain subjects in greater depth (Patton, 2002). Standardized probes in the current study included the following:

- Please could you tell me more about that?
- Can you give a specific example?
- Why do you believe that to be so?

I used a semi-structured interview guide to ask the following interview questions and potential prompts, based loosely on the *perceptions of qualities in a sibling relationship* (Furman & Buhrmester, 1985):

1. How would you explain to someone else what it means to have a sibling?
2. What do you think are the advantages of having a sibling?
3. What are some of the disadvantages of having a sibling?
4. What would you say are the most important features of any sibling relationship?
5. Let's talk about your childhood. Tell me about your relationship with _____ (name of sibling) when you were children.
6. How was your interaction with _____? Did you play together, for example?
7. Do you think your parent's alcohol drinking affected your relationship with your sibling when you were young, and if so, how?
8. Can you recall some incidents of conflict that you experienced in the home when you were a child?
9. Can you give me some examples of how you and your family members responded to conflict?
10. How would you describe your relationship with _____ today?

11. Could you give some examples of how do you may respond to conflict today in current relationships?
12. What personal attributes in yourself and your sibling contribute to your current relationship with your sibling?
13. Is there anything else you would like to add that we have not covered with these questions?

A copy of an email seeking consent to base the questions loosely on the Perceptions of Qualities in a Sibling Relationship (Furman & Buhrmester, 1985) can be found in Appendix B.

The analysis of the interview questions provided sufficient data to answer the research questions:

1. What is the experience of being a sibling in an alcoholic family?
2. How are individual differences reflected in the adult siblings' accounts of their experience with alcoholism?
3. How do children respond to conflict within an alcoholic family system and in later life relationships?

In addition, the interview questions facilitated a discussion about positive and resilient factors in addition to the lived experience of being a sibling in an alcoholic family system.

Payment

A ten-dollar gift certificate was presented to each of the participants at the beginning of the interview. This was a token gift and belonged to the participant regardless of whether he or she chose to withdraw.

Data Analysis

The goal of qualitative research is to identify fundamental concepts within the data and any relationships between them (Frankfort-Nachmias & Nachmias, 2008). Qualitative data is analyzed by searching for and discovering abstract concepts, or themes, within the data (Ryan, 2013). Theme identification is the ultimate goal of qualitative research (Ryan & Bernard, 2003).

The recorded interview data was manually transcribed. Hand transcription provides the researcher with the opportunity to become familiar with the data on a first hand and personal basis (Janesick, 2011). Each interview was contemplated in light of the research questions. Maxwell (2013) recommended using various forms of qualitative data analysis. These include reading and listening, contemplating, memo writing, coding, and creating various graphic displays (Maxwell, 2013).

Reading and Listening

Each interview provided several pages of transcripts and detailed field notes from observations made during the interviews. In order to examine, interpret, and synthesize the data, each transcript should be read while listening to the tape recording of the interview (Miles, Huberman, & Saldana, 2014). I read each transcript several times and contemplated the text in order become familiar with its content.

Memo Writing

Reading and rereading the interview transcripts offers the opportunity to note distinctions between specific events, broad descriptions, and interpretations of events (Miles, Huberman, & Saldana, 2014). While reading each transcribed interview, I made note of any distinctions, descriptions, and interpretations. Memo writing enables the organization of initial reactions and thoughts about the transcripts and allows the researcher to make a distinction between the transcript and the interview itself (Miles, Huberman, & Saldana, 2014).

Coding

Qualitative researchers engage in a process of inductive reasoning, beginning with observations of specific examples and establishing generalizations about the phenomenon under study (Smith, Flowers, & Larkin, 2012). Coding is a technique used to organize qualitative research data into categories and themes, enabling a process of inductive reasoning (Ryan & Bernard, 2003). Ryan and Bernard offer four broad approaches to assist in the process of discovering themes in the data, and these were used as a coding guide. The techniques are based on: an analysis of words; a careful reading of blocks of text; the intentional analysis of linguistic components; and the physical act of manipulating text (Ryan & Bernard, 2003). An open coding technique was used, not based on a priori theory.

Analysis of words. In order to try and understand what the participants are saying, it is an important first step to look at the actual words they used in response to the interview questions. Ryan and Bernard (2003) recommend certain strategies to analyze the

transcribed data. These included looking for word repetitions and identifying key indigenous terms. When reading through the data, I highlighted words or synonyms that were repeated throughout the text. The Find command in a word-processing program enabled a search for specific words and generates a word-frequency list from specified texts. I searched the data to identify local terms that sound unfamiliar, or may be used in unfamiliar ways (Patton, 2002).

Reading blocks of text. This strategy includes comparing and contrasting themes within the text that are similar or different from each other (Glazer, 2005). By comparing and contrasting larger blocks of text, I compared answers across the participants and different chronologies in their narratives. Bogdan and Biklen (2009) suggest this method is helpful to social science researchers who seek to understand how people manage social relationships and how they solve problems.

Analysis of linguistic features. The intentional analysis of linguistic features reveals metaphors, transitions, and connections across the data. The use of metaphors in rhetoric enables the deduction of underlying principles (Smith, Flowers, & Larkin, 2012). Transitions such as “now” and “then” identify speech sequences and a chronology in the data, while connectors such as “if” because’ or “instead” signify causal relationships between ideas (Ryan & Bernard, 2003).

Physical manipulation of the text. Two examples of physically manipulating the text are pawing through text, and cutting and pasting (Ryan & Bernard, 2003). Pawing through the text may include marking the papers using different color highlighter pens in search of patterns within the text (Bogdan & Biklen, 2009). This technique is

referred to as fracturing the data (Maxwell, 2013). Cutting and pasting important quotes onto index cards, then sorting the cards into similar groupings enable the identification of sub themes (Ryan & Bernard, 2003).

Issues of Trustworthiness

Credibility

Trustworthiness of data in qualitative research is evidenced by credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). Credibility is an overarching criterion used to assess the trustworthiness of data analysis, and is based on conclusions that are believable and based on strong evidence (Suter, 2012). Credibility is established by ensuring that robust methods are used for data collection and interpretation (Patton, 2002). Merriam (2009) described certain procedures to promote credibility, including member checking, triangulation, and saturation. Member checking was used to demonstrate credibility by determining if the participants agreed with the researcher's interpretation and descriptions of their experiences (Creswell, 2014). In this study, the participants were invited to engage in member checking by reading a summary of this researcher's interpretations and a list of themes that emerged from the data.

Transferability

Transferability ensures that the descriptions of lived experiences may be understood by other people who read the study (Castro et al., 2011). Thick description is used to communicate descriptions of the lived experience in a manner that enables other readers to understand the experience of the participants' lives (Patton, 2002). In this study, I reported the experiences of conflict, relationships with siblings and other family

members, and thought processes about the impact of parental alcohol abuse using direct quotations and paraphrasing of the participants' responses.

Dependability

Dependability of the data was ensured through the use of an audit trail. Audit trails consist of the interview protocol and guide, the audio-tape recording of the interviews, manually recorded and electronic records of the transcribed data, field notes as collected in field note journal, and the research proposal in its entirety. I used an audit trail with the aforementioned items as a means of demonstrating that the data collection and analysis processes were conducted appropriately and with integrity.

Confirmability

Lincoln and Guba (1985) described confirmability as the degree to which the researcher is able to demonstrate neutrality in their data analysis through a confirmability audit. An audit trail for this study consisted of the raw data, the analysis plan and notes, personal notes kept in a field journal, and both manual and electronic records of transcripts.

Treatment of Discrepant Cases

Any research finding usually has exceptions to the rule or discrepant cases (Miles, Huberman, & Saldana, 2014). It is important to identify exceptions to the rule and consider the source of the discrepancy rather than to ignore it, as the exception tests the generality of the finding and protects the researcher from self-selection based on personal bias (Miles, Huberman, & Saldana, 2014). One discrepant case was identified and discussed in the research findings.

Ethical Procedures

Each participant was assured that his or her participation was voluntary. Information about the purpose of the study, the procedures, and matters of confidentiality and participant safety was discussed, and informed consent was collected after the participant opted to participate. The participants were informed about the sensitive nature of the subject matter and informed of their right to refuse to answer any of the questions, make a request to answer at a later time, or discontinue the session at any time. I prepared a list of options to seek support if support was needed. Examples of support systems included a 12 Step sponsor, members of a support network, or professional counseling support. Debriefing procedures were used at the close of each interview. The debriefing process involved a conversation to identify and address any issues that arose during the interview.

Prior to the interview, the participants were informed about the purpose and the nature of the study. Following the interviews, participants were invited to engage in member checking, which provided the opportunity to view the handling of their contributions and to provide feedback on the integrity of any assumptions or themes that emerged from their responses. The participants were advised that an executive summary of the findings supports a portion of this researcher's doctorate of philosophy from Walden University.

In order to ensure anonymity, a numerical code, and not the participant's name was used to identify each participant's documentation. In order to assure confidentiality, all electronic data was stored in this researcher's personal laptop computer which is

password protected. Paper copies of data were stored in a locked cupboard in this researcher's office, the door of which was kept locked at all times. Electronic data was permanently deleted and any hard copies of the data will be shredded following the completion of the study.

While there are no anticipated risks from this research, ethical challenges may arise. Each interview experience is unique and offers unexpected events that require the researcher to use ethical judgment, and to be a knowledgeable and sensitive human being (Haahr, Norlyk, & Hall, 2014). I discussed the study with my dissertation committee members; used numbers and not names to reference the participants; and used a generic name for the island community in order to preserve the participants' confidentiality and anonymity.

Summary

Chapter 3 provided a detailed overview of descriptive phenomenology and rationale for choosing this method to address the research questions. A semi-structured interview guide was described as a means to explore the past and present experiences of adult siblings who encountered parental alcohol use disorder in their family of origin. The plan for data analysis was outlined, and issues of trustworthiness of data were described. The safety, confidentiality, anonymity and other ethical considerations were addressed. Chapter 4 presents the findings from this research study.

Chapter 4: Results

Introduction

The purpose of this enquiry was to explore the experience of parental alcohol use disorder from the perspective of adult siblings. A qualitative, transcendental phenomenological analysis was conducted using data gathered from in-depth interviews with sibling pairs from eight different families. The research questions which guided this study were as follows:

1. What is the experience of being a sibling in an alcoholic family?
2. How are individual differences reflected in the adult siblings' accounts of their experience with alcoholism?
3. How do children respond to conflict within an alcoholic family system, and in later life relationships?

In Chapter 4, demographic details of the participants, the setting, and data collection methods are provided. The analysis process moved inductively from coded units to significant themes that emerged from the data. Strategies used to ensure credibility, confirmability, dependability, and transferability are described. A summary of major findings as they relate to the research question concludes Chapter 4.

Setting

The research took place in a remote Atlantic island community. The participants were offered a choice of two settings for the in-depth interviews. The first option was the use of a private room in the community hall of a centrally located church. A private and

secluded office away from the central section of the church hall was rented for the purpose of conducting the in-depth interviews. Thirteen of the sixteen participants opted to be interviewed in this setting. The second option was a setting of the participant's choice. Three participants chose to be interviewed in a private home. None of the sixteen participants reported any personal conditions that impacted their participation. Examples of conditions that could have inhibited an individual's participation in the interviews include physical sickness or emotional distress.

Demographics

This study took place in a small, densely populated, and remote community. Basic and relevant demographic detail is provided to enable a broad sense of the participant group. Explicit family details were withheld to protect the confidentiality and anonymity of the participants. Eight sibling pairs were interviewed separately. Each of the sixteen participants confirmed inclusion criteria prior to engagement in the study.

Adult Siblings

Participants were eighteen years or older with at least one adult brother or sister. The group consisted of twelve female participants and four male participants. The siblings were raised in the same family of origin.

Parental Alcohol Use Disorder

For the purpose of the study, parent is defined as a primary caregiver, such as father, mother, or other party responsible for the care of the participant throughout his or her childhood. Each participant identified at least one parent who exhibited a minimum of

three DSM 5 criteria for alcohol abuse disorder (APA, 2013), and reported these symptoms were observed for a period of at least 12 months.

Island Residents

Each participant identified as a permanent resident of the island community and spent the majority of his or her childhood on the island.

Participant Demographics

Demographic details of the sixteen participants are provided in Table 1:

Table 1

Participant Demographics

	Age / Sex	Ethnic Background	Number of Siblings	Alcoholic Parent
Participant 1	59 / F	Euro / Carib.	2	Father
Participant 2	64 / F	Euro / Carib.	2	Father
Participant 3	32 / F	Afro / Carib.	2	Mother
Participant 4	62 / F	Euro / Carib.	2	Father
Participant 5	52 / M	Euro / Carib.	2	Father
Participant 6	73 / F	Euro / Carib.	1	Mother
Participant 7	61 / F	Afro / Carib.	2	Mother
Participant 8	29 / F	Afro / Carib.	2	Mother
Participant 9	44 / F	Afro / Carib.	2	Mother
Participant 10	30 / M	Afro / Carib.	2	Mother
Participant 11	52 / M	Euro / Carib	2	Both parents
Participant 12	43 / M	Euro / Carib.	3	Mother
Participant 13	44 / F	Euro / Carib	3	Mother
Participant 14	44 / F	Euro / Carib	1	Mother
Participant 15	43 / M	Euro / Carib	1	Mother

Participant 16	60 / F	Euro / Carib	2	Both parents
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Note. Euro / Carib. = European Caribbean; Afro / Carib. + African Caribbean

Summary of Demographics

Eight sibling pairs were interviewed for this qualitative, phenomenological study. Each of the participants were eighteen years or older and had a minimum of one adult sibling. All participants were permanent residents of the island community and identified at least one parent as an alcoholic. Demographic detail provided background information and confirms identifying criteria whilst protecting the confidentiality and anonymity of the participants.

Data Collection

As the primary instrument in data collection and analysis, the researcher attempts to set aside, or bracket, personal experiences as they relate to the topic. Husserl (1931) acknowledged the difficulty in setting aside all previous habits of thought. This researcher recorded personal experiences and feelings associated with being a sibling in an attempt to reduce any bias and explore the phenomenon as experienced by the participants themselves.

Each participant signed an Informed Consent prior to the interview. The consent form included the title and summary of the study along with contact information and the IRB approval number with its expiration date. Some examples of potential interview questions were included in the consent form. Additionally, the consent letter outlined the eligibility criteria for the study and was signed by each of the participants prior to each interview. A copy of the consent form may be found in Appendix C.

Following verification of inclusion criteria, the location and time of the interview were scheduled. Semi-structured, face-to-face interviews were conducted using an interview protocol with standardized probes. Probes and follow-up questions were used to elicit and gather rich and detailed descriptions. A copy of the interview guide can be found in Appendix D. Gift certificates were presented to participants at the beginning of each interview as a token of gratitude. Each interview lasted approximately one hour. Interviews were conducted either in a private room located in a centrally located church hall or in the privacy of the participant's home. Active listening skills were used such as maintaining eye contact and observing a respectful amount of personal space. Attending skills were used to help the participants feel comfortable when discussing their memories and feelings.

An Olympus digital voice recorder was used to record the interviews. The digital voice recorder was checked and tested prior to each interview to ensure it was in good working order. Field notes were used to capture any nonverbal responses during the interviews. Field notes also served as reminders to revisit a topic of interest or to clarify an answer later in the interview. At the outset of each interview, this researcher ensured that the participant was comfortable and that he or she was aware of the option to refuse to answer any question or to discontinue the interview at any time. None of the participants refused to answer any of the interview questions, and each participant completed the interview without a break or interruption of any kind.

The semi-structured interview protocol allowed for open-ended answers to each of the three research questions. Some questions or sub-questions were asked out of

sequence, depending on the narrative provided by the participants. Some participants began with descriptive explanations before progressing to deeper disclosures. Close attention was paid to any shifts in rhythm during the interview and parts of the interview where deeper reflection would be helpful were revisited later in the dialogue. Some participants reflected deeply in the early part of the interview, whereas others were assisted by probes to prompt deeper reflection. At the end of each interview, a follow-up meeting was scheduled to discuss the findings of the study and to ensure that the study findings accurately captured their responses.

The recordings were manually transcribed verbatim as soon as possible following each interview and saved in a Word document. Each recording was played several times over to ensure accuracy of transcription. Saturation occurs when no new data arises (Creswell, 2014). A level of saturation was determined after sixteen interviews and transcriptions when no new data emerged. The data collection procedures remained consistent with the procedures outlined in Chapter 3. No unusual circumstances were encountered in the data collection. Each participant was provided with a summary of the transcript and a description of the themes identified within the data. Each participant found the summaries to be an accurate reflection of the interview.

Data Analysis

A descriptive, or transcendental, phenomenological design enables the exploration of experiential data by identifying recurring themes that emerge in response to research questions (Maxwell, 2013). The following steps were used to assist in the process of discovering themes:

Step 1: Listening and Reading

The initial analysis procedure included listening and re-listening to the recordings of each participant's responses as they related to the research questions. During the manual transcription process, ideas about the data began to surface. Codes were identified that later were clustered into groups of themes. Field notes from the interviews were embedded within the body of the interview text.

Step 2: Physical Manipulation of the Text

The next step was to identify significant statements within the transcripts. This step involved physically manipulating the data using a variety of different methods. Statements with similar meaning were identified using different colored highlighter pens and index cards were used to record significant statements separately. These methods enabled a synthesis of theme clusters with invariant meaning. A logbook was also used during this stage of the analysis to jot down analytical thoughts and insights as they arose from the data.

Step 3: Coding

Coding is a qualitative research technique used to organize data into categories and themes that enables a process of inductive reasoning (Ryan & Bernard, 2003). For the purpose of this study, codes were defined as labels that assign symbolic meaning to the descriptive information compiled in a study (Miles, Huberman, & Saldana, 2014). Three broad approaches were used to assist in the detection of emergent themes:

- analyze words (seek word repetitions)

- make comparisons and draw contrasts
- seek metaphors and analogies

Coding took place without the use of specialized computer software programs.

Step 4: Identifying themes

Identifying themes is a process of subsuming particulars into the general (Miles, Huberman, & Saldana, 2014). While the first three steps of data analysis involved line-by-line interpretation, the fourth step involved the development of code clusters into headings that represented similar themes across the entire data set. Groups of word repetitions were listed under different headings. Words that described the advantages of having a sibling such as “friend,” “memories,” and “someone you can always count on,” were examples of word repetitions with a similar theme. Lists of comparative and contrasting codes were compiled and headings were created that represented the emerging themes. Several metaphors emerged across the data. For example, one participant referred to “being in the trenches” with her siblings, providing a rich and complex allusion to the memories of violence her childhood. As codes and clusters of codes were observed, several overarching themes began to surface.

Data Analysis Findings

Data analysis involved identifying, sorting, counting, and analyzing different codes into groups of similar meaning, or themes, and addressed each of the three research questions posed in this study:

1. What is the experience of being a sibling in an alcoholic family?

2. How are individual differences reflected in the adult siblings' accounts of their experience with alcoholism?
3. How do children respond to conflict within an alcoholic family system, and in later life relationships?

Research Question One: Part 1

What is the experience of being a sibling in an alcoholic family? This question and associated sub-questions prompted prolific responses about the impact of parental alcoholism. Themes of Violence and Instability, as indicated by the response, "It was a war zone" represented a common dialogue throughout the interviews, and was supported by the following sub-themes: (a) inconsistency, (b) shame and embarrassment, (c) negative self- image, and (d) the nonalcoholic parent.

Violence

All but one of the sibling pairs recalled incidents of physical violence, and all recalled examples of verbal abuse. One participant described her childhood experience through a series of related metaphors. "It was a war zone. We were in the trenches so long, trying to cope and survive together." Later in the interview, she stated:

"That means when you were in the line of fire, you were so busy dodging a bullet, I mean, you were doing whatever would make mum happy in the moment."

Five participants reported incidents of physical violence between the alcoholic and the non-alcoholic parent, and four of those participants also gave examples of violence between the alcoholic parent and one or more of their siblings. Some of these incidents are exemplified in the following significant statements:

“I remember my father physically abusing my mother and knocking her down the steps we had outside. My sister told me she witnessed him running around with a knife.”

“My dad used to beat my sister with a stick. I tried to pull him off her once. He did this because she bought a candy with the change from buying his cigarettes at the corner shop. She was about six or seven.”

Twelve of the participants reported occasions when they were the victims of physical abuse at the hand of the alcoholic parent. One participant recalled how he was beaten when his father was drunk. Another participant reported being sent to hospital with broken bones as a result of a beating from her mother. This participant described her favorite hiding spot under her bed to get away from her mother, who subsequently poked a broom at her to remove her from her hideaway. Ten siblings recalled memories of verbal abuse. Examples include name-calling, shaming, and belittling. “He called me a whore,” and “I got used to being called a useless individual” were two examples.

Instability. All participants described their childhood as chaotic as a result of living with active alcoholism. Adjectives such as “mercurial,” “volatile,” and “unpredictable” were used to describe family life. Much of the chaos was attributed to inconsistency within the home, where the rules changed from minute to minute. Metaphors were used to describe the changing temperature in the home, from summer to winter within the space of a few minutes. The changes were related to times when the alcoholic parent was abusing alcohol. Two participants reported they were placed under court protection as a result of the instability within their home. Unusual routines or

perceptions of family life were also reported. Six of the participants referred to “hearing them at night” and recalled sleep disturbance through sounds of their parents “arguing and fighting” in another room. Daily routines were also disrupted. One participant recalled unusual bedtime routines:

“She used to put us to bed early so that we didn’t hear stuff she didn’t want us to hear. He used to beat the crap out of her. We could hear her and could hear the other kids playing outside. The emotional temperature of their discussions would start rising and we would be sent to bed where we waited for the storm to pass.”

Ten of the 12 female respondents provide accounts of parental neglect resulting in a sense of responsibility to care for the younger siblings. If the mother was reported as the alcoholic, the participants took on the role of the mother, and if the father was reported to be alcoholic, some participants assumed maternal responsibilities while the mother was out at work.

“My mother wasn’t present. She didn’t spend a lot of time at home as she was always out. She didn’t know how to be a parent. She wasn’t present emotionally and in all the ways you can be absent. There was never any real conversation between us.”

Female participants recalled occasions in their childhood when they were left in charge of their younger siblings. Several vivid descriptions provided specific details of these occasions:

“I was like a baby-sitter. Every Saturday when she went to the bar, she would leave us in the car. She would bring us burgers, fries, and a soda. I was ten and

my sister was three. I was always taking care of my baby sister. And when the other one came along, it was like I was the parent in one way or another.”

“I remember I was protective of them. I remember my younger brother was six weeks old and I was about four or five. My mother told me to watch him while he was on her bed. He wriggled like he was going to fall off the bed and I remember freaking out and screaming for my mother in case he fell off. A strong memory with my hand like this (outstretched palm).”

Shame and Embarrassment. The majority of participants acknowledged feelings of shame and embarrassment. Some participants sensed from an early age that their family was “different” from other families in the neighborhood and recalled a similar awareness in the school setting. “We were different from our classmates.” One participant reported an awareness for which he did not have the language or the structure to define at the time, stating, “Children can be aware of something that can’t be explained.”

Four of the sibling pairs recall specific memories of “shaming” or “guilting.” For example, one participant explained, “The things she said were horrible. Name calling and shaming. A lot of guilt, a lot of telling us we were responsible for her shitty life, basically.” Shame was connected to the “secrets and lies” that were maintained by family members. One participant recalled, “When he was drunk one time I saw him in the barn and he was kissing another woman and my mother was in the house. I kept that to myself and I never told anyone to this day.”

Distinct and detailed memories of embarrassment were recalled. One participant described a Halloween when trick-or-treaters visited his house. His father, who was drunk, opened the door and fell down the steps. Another participant recalled an occasion when she was 16 years old and her boyfriend was visiting at her home. Her mother, who had been drinking, walked through the house “stark naked.” A sibling pair commented on their mother being “the neighborhood joke” as she became “paralytically drunk” during cocktail parties where guests would laugh, make jokes, and talk about her within earshot of them. There was a recollection of the children laughing at the dinner table as their father’s hand trembled and peas fell off his fork as he attempted to put them in his mouth. Incidents of financial embarrassment were recalled, such as the time the bailiff arrived at the family home and the family car was taken away. One participant recalled, “There we were, sitting around watching TV when we heard a knock on the door and my mother screaming: Don’t take our car! I have four children here and we are stuck in the middle of bloody nowhere.”

Negative Self-Image. Fourteen responses included statements referring to the impact of parental alcoholism on their own self-worth. “I felt that I was never good enough,” “I felt so worthless and I had no self-esteem,” and “I always thought I wasn’t there,” are three examples of comments that reflect this theme. Eight participants believed that children were unwanted and created additional problems between their parents. Seven references to being a “burden” were recorded. Participants stated they felt as

if they were “in the way” or that their existence had been the root cause of problems within the marriage.

The nonalcoholic parent. Recollections of the nonalcoholic parent were not directly solicited from the interview questions. However, references to the non-alcoholic parent were abundant throughout fourteen of the transcripts, often dominating initial descriptions of the family of origin. Comments fell into two categories: a strong dislike for the non-alcoholic parent, and retrospective disappointment in the lack of intervention. Analysis of word repetitions and code-frequency indicated a greater percentage of anger or frustration towards the non-alcoholic parent (83%) than towards the alcoholic parent. Example comments describing anger toward the non-alcoholic parent include the following:

“Not to be blunt, but my mother was a bitchy person. I was very angry with my mother. She was a nasty woman, always trying to make everything perfect. Always made us feel less than.”

Two participants stated the non-alcoholic parent was unfeeling, cold, or distant from the children.

“Mom did not allow us to have uncomfortable feelings. If I went to her with a problem about an emotional issue I was having, she told me to just get on with it.”

Several siblings suggested disappointment that the non-alcoholic parent did not support the children or provide protection from the alcoholic parent. One participant believed her non-alcoholic father was “the enemy” and stated she was able to see through

his attempts at being generous as misleading and disloyal to her alcoholic mother. Other participants blamed the non-alcoholic parent for the lack of response or intervention when the children were being beaten or mistreated by the alcoholic parent. A sense of a double standard was gleaned from the non-alcoholic parent who was believed to be the parent who displayed the greater extent of betrayal and abandonment.

“My father, it was very strange that I was enlisted as his ally. He never defended me, never stood up for me. And he left me to take care of my mother, this drunken, sloppy mess.”

Positive reflections toward either parent were directed solely at the alcoholic parent, whereas no positive reflections were directed at the non-alcoholic parent. The participants' body language changed from hostility expressed in frowns and finger pointing toward the non-alcoholic parent, to a more relaxed posture and smiling countenance when discussing the alcoholic. Participants acknowledged love and affection for the alcoholic parent and highlighted his or her special qualities. “My father was a handsome man.” “I loved my father and he loved me. I was his favorite,” and “Despite it all, I can always say that she never meant any of it. She was a beautiful person underneath it all. It was the alcohol, not her.”

Research Question One: Part 2

What is the experience of being a sibling in an alcoholic family? Responses to question one presented reflections about the sibling-to-sibling relationship. .

The sibling bond. Several respondents acknowledged that being a sibling was not without its drawbacks. Siblings were required to share belongings, their parents'

attention, their friends, and space in the house. Siblings were also described as risk factors in divulging family secrets and invading an older sibling's privacy.

Sixteen siblings reported that parental alcoholism had a negative impact on the sibling relationship. As the older children assumed responsibility for their younger siblings, distorted power differentials affected the family system. This led to some resentment between the sibling pairs. Older sisters were described as protectors who could withdraw their protection at any given time and use their seniority as a weapon against the younger siblings. Older sisters were remembered as "bossy" and "always in charge." Some participants attributed this "irritating bossiness" as a means of showing affection or the act of role-modeling their parents' behavior. Older siblings presented a different perspective, describing resentments towards their assumed responsibilities. "Of course, being the oldest and having that protective, nurturing thing meant I had to unhitch that when I got older, that codependency."

Despite the challenges, the sibling relationship was considered to be both essential and enduring. Siblings were described as "friends" and "companions" who provided continuity and comfort. Participants believed their siblings were and remain dependable, honest and trustworthy: "You can count on them, no matter what." Different metaphors were used to explain the relationship, such as "someone to share the load with," or "someone to share the trials and tribulations of our rocky childhood." Metaphors of

permanence contrasted against the descriptions of instability in the home. One sibling was described as “My rock of gold.”

Three siblings believed their parents attempted deliberate separation in an effort to “divide and conquer.” All of the siblings who were interviewed for this study remain in contact with their siblings to this day, yet the contact may not be as frequent or as close as they would like it to be. Some siblings described a “yearning” to be closer, and described periods in their lives when contact was disconnected:

“We are not as close as we could be. I regret that we are not so close. We have had quarrels and stopped speaking. She gets the wind up her tail. I have never wanted our relationship to be distant. Usually I am the one to reach out to her. “We are not like other siblings. We are not close, tight, like some people are which I’m a bit sad about. I wish we were a bit closer...yeah...I wish we were closer.”

Two siblings explained that excessive contact between the adult siblings could become problematic:

“We see each other at Christmas and birthdays and it is all wonderful...but....we don’t do it again next week. It could go pear-shaped and weird if we spent too much time together.”

Three siblings believed their contact and closeness had increased over the years. Two sibling pairs of siblings from separate families specifically recalled the potentially difficult circumstance of executing a family member’s will. Both pairs believed their sibling group were able to proceed with “grace,” “dignity,” and “smoothness,” and sorted out the will “amicably.” Several participants became emotional when discussing

the present day relationship with their sibling, as exemplified in the following two comments:

“I can’t imagine my life without them. My life would be empty without them. It gives my life juiciness.”

“My siblings is all we got, so hang on, like it’s all we got. See the tears? We are tight. I don’t ever trust 100% because I was hurt so many times. I can trust my siblings. I don’t think I can trust anyone else in the world.”

Research Question Two

How do individual accounts of the lived experiences of parental alcoholism differ? This question sought to compare and contrast the impact of parental alcoholism. Three themes emerged: (a) “strategies for survival,” and (b) resilience in the face of adversity. Additionally, certain discrepancies in reports of events between sibling pairs from the same family were identified.

Strategies for survival. Individual responses to parental alcoholism were grouped together as different coping mechanisms. Four of the participants used silence or withdrawal as a means to navigate their way through the discord in the family.

“I became very quiet and cried as often as possible behind the scenes and tried to please people and placate my mother. I would numb out my own feelings and focus on hers. Her feelings were so important and noisy so to get her to shut up, I don’t even know what my feelings are.

One participant recalls that she recoiled into a world of books and reading where her imagination would provide an escape as she read in the privacy of her own bedroom, isolated from other family members. Another sibling learned to “stay out of the way” to avoid getting hit, beaten, or berated, a strategy he acknowledged to use in current

relationships. Other participants learned to withdraw or to use silence as a defense mechanism.

“I learned to say nothing to no one. It was a trust thing. But they would use what I said against me, one against the other. My mom used what I said to attack my brothers and sisters and my brothers and sisters used what I said to attack me.”

The use of dishonesty was recorded as a means to cope with family life.

Dishonest behavior developed as a result of keeping family secrets, coping with feelings of divided loyalty between parents and siblings, and trying to keep the peace and maintain homeostasis. Participants recalled learning the art of “lying and manipulation” at an early age. Three participants attributed this coping mechanism to a way of modeling of their parents’ behavior, recalling their parents using shame to manipulate the children.

A sense of being hyper-vigilant emerged as a strategy for survival under challenging circumstances. One participant recalled as a child, he could discern his mother’s mood by the way she slammed the bathroom door. “If she was in a bad mood, watch out, watch out, watch out.” Participants learned to interpret mood by detecting signs and signals as a way of “navigating the emotional landscape of the house.” Hyper vigilance was also considered a useful tool in later life, as were other adaptive responses described in the next theme.

Disruption within the family system led to the adoption of certain roles within the family. Participants recalled either adopting roles themselves, or recalled observing their sibling in an adopted role. One participant described herself as the quiet child, while

another stated she stepped into the role of “little mommy.” Siblings were regarded as protectors who defended their siblings when their parent was drunk, or as having the gift of becoming invisible.

Resilience in adversity. Several of the participants reported that the challenging circumstances of their childhood made them stronger and engendered the adoption of certain helpful “tools” that could be applied to difficult situations in later life. “I came across the idea that any and all things that come to my attention are potentially lessons, not all easy.” One participant believed that hyper-vigilance is useful him as an actor and a writer because he can “read people” and “read energy,” stating, “Hyper-vigilance helps me negotiate conflict.”

The effects of shaming were credited with providing the ability to look at oneself through the eyes of another individual. One participant described herself as “lucky” to come from an alcoholic family as she was brought face to face with her issues from an early age. “I think I am strong because of my mother, not in spite of her. She was my gift, because it forced me to dig deep and find my inner strength.”

Eleven participants expressed gratitude for different 12 Step programs where they learned compassion relationships skills. Two participants recounted vivid memories of 12 Step encounters in their childhood:

“A man from Alcoholics Anonymous came to our house and he sat with us and he told us, it is the disease of alcoholism, and that really helped. We knew there was help. I will thank that man until the day I die.”

“I remember I was introduced to the program when my mother tried to stop drinking and had a sponsor. When the sponsor came to my house, I knew that everything was going to be OK. I loved that sponsor. I went to an AA birthday when I was 12 and I don’t think I was ever happier in my life because there was laughter and it was a celebration. It saved my life, by the way, taking me to that meeting and exposing me to those people.”

“Being an adult child of an alcoholic, I just feel grateful for everything that has happened in my life. It’s just been magical.”

“I mean, it’s gotten better since I got sober.”

Three siblings expressed gratitude for the “gift” of being the adult child of an alcoholic, while other participants discussed gratitude for their own recovery from a variety of mind-altering substances, including alcohol.

Discrepancies were noted between four accounts of incidents from siblings of the same family. In one sibling pair, both siblings stated, “I was my dad’s favorite.” Another participant stated, “We were always arguing,” whereas her sibling reported, “We weren’t allowed to argue.” One participant remembered all the siblings playing together, whereas the other sibling stated, “We didn’t really play together.” Differences between individual accounts of the impact of parental alcoholism were also reflected in their responses to conflict.

Research Question Three

How do children respond to conflict in the family of origin and in later life relationships? Two central themes emerged in this chapter: (a) patterns observed and (b) patterns repeated.

Patterns observed. Responses to conflict were categorized in two domains: those modeled by the parents and those that developed as adaptive coping strategies. Reports of conflict management modeled by the parents were coded as “conflict aggressive” or “conflict avoidant.” In general, the alcoholic parent modeled an aggressive response to conflict, such as shouting, yelling, hitting, shaming, name-calling, and raging, while the non-alcoholic parent modeled was reported to avoid conflict. One participant stated his father would do anything for peace in the house, while another described the parent as someone who was the “placater” and the “enabler” of the alcoholic, while not allowing her children to express uncomfortable feelings.

Participants described incidents when they responded to conflict aggressively, as modeled by the parent. One participant described a time when she grabbed her sister around the neck as if to strangle her, stating that she has been afraid to give way to her anger following that incident over 40 years ago. Others believed they are capable of reverting to shaming and being verbally aggressive if they do not check their anger levels on a regular and ongoing basis. Others suggested fear of expressing anger in the light of their childhood memories, and recognized similarities between their behavior and the behavior exhibited by a parent:

“I can see the family resemblance, kind of like my mom handles it. I get mad and frustrated. I get angry and simmer over it, and it’s either a burst of shouting or I lash out. If you were brought up in a shaming, verbally abusive household, that’s what you do. I can be my mother, shout and yell and I was really horrified once I realized. And that’s what got me into therapy and Al Anon. I had the whole

codependent thing of worrying what everyone else is feeling but on the other hand, I fell into the role of my mother.”

Patterns repeated. The participants stated that they learned to avoid conflict as an adaptive coping mechanism, and continue to regard conflict as something to be avoided. This suggests that attempts at conflict resolution in later life relationships are grounded in patterns developed as coping mechanisms, rather learned by observation of the parents. The following quotes represent the idea that skills were learned using intrinsic strength, rather than from observation and modeling. Participants believed they have great difficulty in facing conflict as their memories of past conflict incite images of violence and physical abuse. Participants stated they learned to stay out of the way and avoid conflict, believing that in so doing, they would avoid recrimination and accusation. Many described an awareness of excessive vigilance in the face of conflict that had permeated into later life situations:

“I didn’t deal with conflict then and I don’t now. I learned to avoid conflict in my childhood and have avoided conflict all of my life. I choose my words depending on the situation, and that’s what I learned as a child. My father avoided conflict by moving out. I love you, but I am moving out of here, type of thing. So love is something that is highly overrated. I am very much that six year old living in that house. I am totally conflict avoidant. Arguing is something to be avoided at all costs because it means something bad would happen, very fast. In those days, it was always volatile.”

One participant recalled the repetition of patterns in current intimate relationships”

“I handle conflict the way I did then. It hasn’t changed. I don’t say much, I still don’t say....like I was living with someone for two years of hell, and just never said anything. I just lived there. It got physical and I got a black eye and I and I had to say something. But I don’t talk about things and I think that’s a problem. It’s difficult. Same pattern as in the childhood and the result is chaos.”

Several respondents reported experiences of emotional distancing or withdrawal.

One sibling reported that her sister created an emotional distance in the face of conflict:

“She will not speak to you, not just for one night, but for like three months and will only speak to you when she needs something. So if I have something to say, I tend to keep it to myself” Emotional distancing will be discussed further in Chapter 5.

Discrepant Cases

Participant one presented as a discrepant case to the extent that she could recall no specific childhood memories of her younger brother, unlike the other participants who recalled specific memories of each of the siblings they grew up with. Participant one recalled several vivid memories including her older sister, and stated: “My brother doesn’t feature in any of my memories.” Participant one recalls only feelings about her younger brother, stating she was angry with him. “I guess I was angry with him ‘cos he was the youngest, and a boy, so he got all mom’s attention.” In spite of this discrepancy, codes were identified in participant one’s transcript that were consistent with other participants’ transcripts regarding the experience of parental alcoholism and its impact on the sibling relationship. Additionally, participant one’s approaches to conflict were reported as a combination of lessons learned and lessons that were repeated.

Trustworthiness

Credibility was established by following rigorous procedures for the collection of data and for data analysis. Each case was coded individually before proceeding to the next case. Codes and themes were not pre-determined, but identified throughout the process of listening to the recordings, reading, and re-reading each transcript. As each case was analyzed and coded, it became apparent that experiences, feelings, and thoughts fit into categories that would be well represented by the same themes. Member checking consisted of presenting each participant with a summary of their transcript with a description of the major emergent themes. Participants were asked if the summary was an accurate account of the interview, and if the themes provided an accurate interpretation of their responses. All of the participants stated that the summary and the list of themes provided an accurate interpretation of their interviews.

Rich and thick description was used throughout the research process in an attempt to accurately and clearly convey the participants' lived experiences and thus ensure transferability. To this end, direct quotations from each transcript were used where possible. Dependability was established by maintaining an audit trail that included sixteen recorded interviews, sixteen transcriptions, sixteen files of codes and emergent themes, the interview guide, sixteen summaries to be used for member checking, and one contact sheet.

Confirmability was established by reflecting on the role of the researcher throughout the entire study. Husserl (1931) acknowledged the difficulty in setting aside all previous habits of thought. I considered my personal experience as a sibling in an

attempt to reduce any bias and to explore the phenomenon as experienced by the participants themselves. My prior experience taught me that permanent damage to the sibling relationship can be caused by traumatic childhood events and memories. As I worked with the data and discovered the theme, “A bond that cannot be broken” I realized that other realities and outcomes are possible through a willingness to change, the use of self-help groups, and resiliency.

Summary

This chapter has provided an account of a transcendental phenomenological analysis aimed at learning more about the experience of parental alcoholism, its impact on the sibling relationship, and on later life relationships. Three primary research questions were posed. The first question explored the impact of parental alcoholism on the sibling relationship. The participants associated parental alcoholism with chaos, inconsistency and violence during their childhood years. They recalled feelings of shame and embarrassment, and sensed their family life was different from the family life of their peers. An unexpected finding concerned the non-alcoholic parent, towards whom anger and frustration was expressed. Siblings described their relationships as bonds that cannot be broken yet bonds they believed were weakened by their parents’ alcoholism.

The second question focused on how individual accounts differed. Contradictions between sibling pairs were recorded, but these were limited in frequency. A variety of coping mechanisms were developed in response to parental alcoholism were discussed, in addition to a sense of resiliency in the face of the adversity. The final question focused on conflict within the alcoholic family unit and on later life relationships. All respondents

believed their current conflict management skills were inadequate as they avoided conflict to their own detriment. The participants attributed these responses as behaviors associated with survival strategies learned in childhood. Ultimately, the sibling bond was described as a lasting and treasured relationship, perhaps stronger because of their shared experiences.

In Chapter 5, the findings from this study were related to the current body of literature and in the context of the conceptual framework. The limitations of the study were acknowledged, and recommendations for future research were made in addition to the implications for positive social change resulting from this study.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this phenomenological study was to explore the experience of parental alcohol use disorder and its impact on the sibling relationship from the perspective of adult siblings. A qualitative, descriptive analysis was conducted to gather and analyze data using in-depth interviews with eight sibling pairs, a total of sixteen participants. Themes emerged from each of the three research questions. I discovered two themes that described the participants' perceptions of parental alcohol use disorder and the sibling relationship:

- Violence
- The Sibling Bond

Two themes emerged that represent the differences in individual accounts or parental alcoholism between siblings:

- Strategies for Survival
- Resiliency in Adversity

Finally, two themes emerged that illustrate how the individuals in this study describe conflict management:

- Patterns Observed
- Patterns Repeated

In this chapter, the findings presented in chapter 4 were compared with peer-reviewed literature as presented in Chapter 2. The findings were analyzed in the context

of the conceptual framework. The limitations of the study and recommendations for future research with implications for positive social change were presented. The chapter concludes with a summary of this research project.

Violence

Bowen (1978) maintained the alcoholic family system is fraught with disruption. The participants in this study experienced chaotic households with disordered routines. They endured abuse and neglect at the hand of at least one parent, and one sibling pair was placed under court protection. Several participants believed they were in the way, unwanted, or culpable for their parents' discontent, confirming the findings by Howard et al. (2010).

Researchers have highlighted the vulnerability of children due to violence and disruption in an alcoholic home (Cox, Ketner, & Blow, 2013; Velleman, 2010). Reports of abuse and neglect in alcoholic family systems lead to involvement in child protection agencies (CASA, 2013), yet much remains undetected as the children are afraid to discuss to discuss with others (Mackrill, Elklit, & Lindgaard, 2012). The long-term effects of parental alcoholism include unmet educational needs and failure to launch (Arria, Mreicle, Meyers, & Winters, 2011; Lander, Howsare, & Byrne, 2013). Extreme violence between siblings was reported in one case where a participant stated she tried to strangle her sister, confirming that violence between siblings can be life-threatening (Tucker, Finkelhor, Turner, & Shattuck, 2014). One participant stated that her ancestors were doctors and university graduates. She attributed the active alcoholism in her family of origin as the reason why neither nor her siblings attended college or university.

The Sibling Bond

The participants in this study reported a variety of challenges in their childhood. These challenges included observations of domestic violence and being victims of child abuse, disturbed routines and inconsistency in the home, shame and embarrassment and financial difficulties. Evidence of sibling rivalry in response to parental favoritism confirmed previous findings (Baker, 2013). The participants in the study described hostility between siblings and feelings of jealousy and resentment. However, despite the discord, none of the participants reported a total disconnection from any of their siblings. Distance can actually benefit the sibling relationship (Milevsky & Heerwagen, 2013), as reflected by participants in the study. The participants defended their siblings and referred to the sibling relationship as the most important and enduring of all their relationships. Participants became emotional and fervent in accounts of the importance of the sibling bond. The relationship between the siblings is perhaps robust as it is horizontal in nature compared to the hierarchical relationship with parents (Padilla, Walker, & Jensen, 2010). Some individuals compensate for a lack of connection with their parents by forming a deeper attachment within the sibling relationship (McHale, Updegraff, & Whiteman, 2012), as reflected in this comment:

“In a way it made us closer because we would be supportive of one another.”

However, while recognizing the permanence of the bond, the majority of participants described a yearning to be closer, to spend more time together, and be “more like other siblings.” While the bond between these siblings was described as lifelong and indelible, it was also described as weaker than it could be.

Strategies for Survival

Parental alcoholism is associated with stress between members of a family system (Caswell, You, & Huckle, 2011). The study sought to compare and contrast different responses to stress between siblings. The most predictable response to stress within an alcoholic family system is the development of maladaptive coping mechanisms (Bowen, 1976; DaCosta & DaCosta, 2011; Merrill & Thomas, 2013; Vernig, 2011). A specific example of the emotional cut-off (Bowen, 1978) was provided by one participant who reported that her sister would cut off contact for months at a time in response to conflict. Other participants described self-blame, disengagement, manipulation, and dishonesty as examples of maladaptive coping mechanisms. Differentiation of self is a fundamental construct of family systems theory that measures an individual's ability to maintain a healthy balance between togetherness and independence (Bowen, 1978; Janowski & Hooper, 2012). One participant recalled numbing out or ignoring her feelings in order to focus on her mother's "important and noisy" feelings. Difficulty forming healthy peer relationships is evident among children of alcoholics (Lander, Howsare, & Byrne, 2013). Two participants reported that they have managed to keep "very few friends" and expressed dissatisfaction with their social network

Several participants spoke of adopted roles in response to the family situation. The role classification system proposed by Wegsneider-Cruse (1986) identified and classified different roles in an alcoholic family system. Several examples of assumed roles were presented in the study. Role reversal was predominant in this category, where participants compensated for parental inconsistency or inadequacy. Participants recalled

stepping up to the plate to become the “mommy,” assuming responsibility for their younger siblings from an early age. Participants described themselves as of the forgotten one, the quiet one, and the “lost child.” According to the Wegsneider-Cruse model, the lost child chooses to withdraw and compensates for the self-imposed isolation by binging on food or alcohol. (Wegsneider-Cruse, 1989). One participant was the oldest of four siblings who withdrew “into a world of books and reading,” and self-identified as an over-eater. Another participant, the youngest of four, described his attempts at humor as a child, noting in retrospect that he was trying to “hold everything together” in the manner of “the mascot” (Wegsneider-Cruse, 1989). This participant, and others, learned to be “manipulative” and admitted to being dishonest, although motivated by a desire to be helpful and maintain homeostasis. Another sibling identified her youngest sister as the hero. “My sister was the perfect one. Still is. Got a high-powered job and plays by the book. She was desperate to achieve. I was the mum.” Several participants turned to illicit drugs, alcohol, or behavioral addictions in response to stress and anxiety. Over half of the participants were in recovery from substance abuse.

Adaptive coping mechanisms include positive reframing and using supports (Lazarus & Folkman, 1984). The assumption of roles was not necessarily associated with negative outcomes by the participants. Several coping mechanisms that the participants developed in the face of adversity were considered as helpful and useful in later life relationships, and were categorized as resilient responses.

Resiliency in Adversity

Parental alcoholism is regarded as a risk factor for family members (SAMHSA, 2011; WHO, 2011). Risk factors heighten the likelihood that children will experience poor outcomes. In contrast, certain protective factors may reduce the impact of parental alcoholism (Grzegorzewska & Farnicka, 2013). Several participants stated they enjoyed a relatively good outcome in life despite some serious adversities, and believed they were indeed fortunate to be born into an alcoholic family unit. This suggests that resiliency stems from features that are not exclusive to the absence of risk. Participants expressed gratitude for the opportunity to develop resilient characteristics, regarding dysfunction and difficulty as the pathway to self-discovery. Intrinsic strengths and skills were drawn forth and became useful in later life relationships. External factors such as social support, specifically 12 Step groups, were acknowledged as significant protective factors and indispensable in both childhood and adulthood. The absence of support from the non-alcoholic parent, other family members, and the school system was considered as problematic and is discussed in relation to opportunities for social change.

Patterns Observed

The participants reported their observations of conflict management in two main categories, aggressive response and avoidant response. In general, the participants reported that the alcoholic parent displayed aggression and violence in response to conflict, whereas the non-alcoholic parent was described as an individual who avoided conflict at all cost, often to the detriment of the children. The participants expressed more

disdain for the lack of protection exhibited by the non-alcoholic parent than toward the alcoholic parent who was the perpetrator of violence.

Conflict between siblings is not uncommon, and is described as a useful experience for the development of relationship skills in later life relationships (Buist & Vermande, 2014; Caspi, 2012). Few responses described conflict between and among the sibling pairs. One participant recalled a sibling engaging in emotional distancing in the face of conflict, yet the majority of respondents focused on their parents' response to conflicts. This suggests that those memories are stronger and more vivid, and creates the opportunity for future research to look deeper into childhood conflict response from the perspective of adult siblings.

Patterns Repeat

A variety of patterns was observed across the data. Alcoholism as a family disease (NIDA, 2012; Moore, Biegel, & McMahon, 2011) was reflected in participants' accounts of alcoholism spanning the generations. Participants watched as their parents divorced and married individuals with addictions. Some participants chose partners who were alcoholic, abusive, or both. The generational transmission of negative family patterns significantly impacts an individual's likelihood of becoming substance dependent (Schaffer, 2011). Over half of the participants reported their own struggles with addiction, and confirmed previous research that individuals engage in excessive alcohol and other drug consumption as a maladaptive response to stress (DaSilva & DaSilva, 2011; Mann et al., 2012; Vernig, 2011). Since alcohol use disorder is a physical and

hereditary disease (AMA, 2012), it is difficult to determine if the participants' substance abuse was a genetic or environmental response, providing a question for future research.

Attack and avoid styles of conflict response learned in childhood are repeated in later life relationships (Cook, 2007; Shalash, Wood, & Parker, 2013; Thorberg & Lyvers, 2010). However, it was not clear which patterns were repeated. Are patterns learned through observation, or were the patterns of behavior created from innate resources by the participants as coping mechanisms? Finding ways to manage conflict requires a reliance on self, intrinsic strength, and the ability to adapt (Lam, Solmeyer, & McHale, 2012.) Insight from participants suggested that conflict led to ways of coping, and these became abiding patterns that are used in later life relationships. The majority of participants described their current conflict resolution skills as inadequate. Since the sibling relationship provides an important foundation for learning successful conflict management skills in later life relationships (Kramer, 2010; Shalash, Wood, & Parker, 2013). These findings suggest that opportunities to learn how to manage conflict successfully were lost.

Isolated and Remote Communities

This research was conducted in a small, isolated, and densely populated community. This setting added to the problems the participants faced. The community was described as “too public” and harsh in its tendency to promote and maintain negative reputations. Siblings were glad to be schooled overseas as it gave the opportunity to be “anonymous” and “not be known” as a member of a notorious alcoholic family. Further

research on the impact of alcoholism in similar communities would guide the development of culturally appropriate prevention and treatment strategies.

Limitations of the Study

The purpose of this qualitative descriptive study was to explore the experience of being a sibling in an alcoholic family system. Several limitations related to the geographic and demographic criteria were presented. In addition, the limitations of the researcher were acknowledged.

The first set of limitations focus on the participant sample. It is important to address the potential for recall error (Patton, 2002). Participants were asked to recall past events and details of their childhood and therefore their accounts are influenced by subjective recall or forgotten events. There were limitations from a geographic standpoint. All participants lived in a small Atlantic island community and in this regard, shared a similar ethnic background. In addition, characteristics of remote and densely populated communities limit generalizations across wider populations (Roberts, Battaglia, & Epstein, 2014). The participants were not randomly selected. Instead, a purposeful sampling strategy was used to ensure all participants met the required criteria. This means the findings from this study cannot be generalized across a wider population. The small sample size of sixteen participants is a further limitation of this study. In addition, the majority of participants were actively engaged in Alcoholics Anonymous or Al Anon. Therefore, the study does not include the perspectives or experiences of individuals who do not belong to 12 Step programs. Additionally, the research did not take into account any co-occurring mental health disorders.

The second set of limitations focus on the design of the study. Questions about conflict between siblings proved to be too narrow and did not produce a broad response. A description of the experience of conflict between siblings would benefit from questions with a greater focus and with the use of specific probes. In addition, limited data was gathered to help understand the participants' perception of resilience. In response to the question, "What personal attributes in yourself and your sibling contribute to your current relationship with each other," the participants either veered away from the question, or described only external positive influences such as 12 Step groups. This was interpreted as a reluctance to acknowledge their own attributes, and a reflection on the study design. Deeper probes into this area would be of benefit in future research.

A third limitation relates to the professional background of the researcher. The researcher in this study was trained and experienced in the use of counseling skills. This resulted in the researcher's awareness that the interview sessions were influenced by the use of these skills, and thus may impact the data. For example, the use of probes extended beyond the standard probes in several of the interviews. It is important for the researcher to demonstrate neutrality (Lincoln & Guba, 1985). The pre-established skills of the researcher presented potential threats to the confirmability of the research.

Recommendations for Future Research

Participant responses reflected insight through vivid memories of their childhood experience. Several participants stated that the process of the interview enabled further insight they had not previously considered. Comments such as, "I never thought of the effect it had on all of us, especially my siblings" or "I never thought of that until now"

suggested that in-depth interviews prompted an assimilation of childhood memories in the manner of a gestalt that was beneficial to the participants, providing positive motivation for conducting future research.

This research prompted several questions for future research.

- Why are some siblings more resilient than others?
- What are the protective factors that sustain the sibling relationship?
- What intrinsic factors sustain the sibling relationship in the face of adversity?
- Are there examples of external factors such as support from individuals or bodies besides 12 Step organizations?

Several themes arose that would benefit from quantitative study. Correlation studies could measure the relationships between different variables that, such as families where one parent is alcoholic compared to families where both parents are alcoholic. Causal-comparative research would indicate how different groups of siblings are affected by the same circumstance. Groups of interest would include grouping by gender, birth order, and age. The impact of the alcoholic parent's gender and its relation to subsequent roles assumed by the children would add to the current understanding of the Wegscheider-Cruse model. Similarly, studies of other substance-addicted parents may provide further insight, such as the children of heroin addicts.

Resilient siblings have a closer relationship with a parent than non-resilient siblings (Black-Hughes & Stacy, 2013). The majority of the siblings in this study described a closer bond with the alcoholic parent, who was described as violent, absent, and unreliable, than with the non-alcoholic parent. An in-depth study to compare

relationships between siblings the non-alcoholic versus the alcoholic parent would shed further light on this anomaly. Resiliency was thought to originate in the formative years, yet now there is evidence of turning point effects in adult life (Rutter, 2013). 12 Step programs have been identified as a significant turning point effects. Future research could identify other turning point effects and measure their efficacy.

The impact of alcohol use disorder on families from isolated and densely populated communities would be a valid topic to guide specific and culturally appropriate interventions. Gaps in this study provide opportunities for future research to look deeper into conflict response between siblings from the perspective of adult siblings. A final suggestion would be to recommend a study to compare the effects of parental alcohol use disorder between children with siblings and children from a single child family.

Implications for Social Change

One participant disclosed the following:

“We were looking for a lifeline. No one looked out for us, even in the schools. They must have noticed we were coming to school exhausted or that we were terrified of loud noises or that we didn’t play in team sports. We were looking for someone to throw us a lifeline and they were like.....you are drowning, but you are drowning quietly.”

Alcohol use disorder was described in the literature review as a comprehensive social problem that impacts families, communities, and countries. Children of alcoholics are at risk. Any attempt to reduce parental alcohol abuse is a step towards positive social change. The following recommendations for social change are based on the findings as presented in the study.

The commentary in this research raised concern about traditional approaches to treatment and support services. The “life-line” found by this participant group came from self-help and support groups, specifically from 12 Step organizations. Although support resources exist, they are poorly utilized (Chartier & Caetano, 2011; Elgan, Hansson, Zetterlind, Kartengren, & Leifman, 2012). Twelve step programs have a public relations sector providing information about meetings, events, and other programs. Educators and child protection agencies could forge an active link with these services in order to connect children with help and advice.

Increased awareness will effect positive social change. It is incumbent on educators and policy makers to stay abreast of new and current information in order to address the myriad of problems associated with alcohol use disorder. For example, community recovery capital (White & Cloud, 2008) is a recent initiative that recommends an all-inclusive culture of recovery for increased family recovery outcomes.

Statistics that describe treatment success rates for alcoholics are not robust. Less than 10% of adults that need treatment actually receive it, and of those who complete treatment, 25% remain abstinent after one year (NIAAA, 2012). Treatment providers need to consider the ecology of alcohol use disorder and increase treatment focus beyond the identified client. Treatment planning must address alcohol use disorder in the context of families, communities, and cultures in order to raise awareness and promote sustained recovery. Perhaps it is time to consider a total shift in focus away from the identified client to an approach that addresses alcohol use disorder as family disease first and foremost.

This study highlighted the essential nature of the sibling bond, yet the sibling relationship is not specifically targeted in any mainstream multi-family group interventions or programs. Opportunities to discuss shared issues and address resentments between siblings within a safe and secure setting are essential. The sibling bond should be honored as an important target within the domain of treatment services.

Attempts to remove the stigma attached to alcoholics and their families are essential. The maintenance of family secrets, driven by shame and embarrassment, impedes access to recovery supports. This may be particularly true in remote and densely populated communities. Offering intervention and support via web-based interventions would address issues of confidentiality and anonymity while enabling access to essential services.

While a supportive family is the most powerful resilience-promoting factor, in the absence of supportive parents, external agencies have the opportunity to intervene. In order to foster resilience, children must be able to take responsibility and exercise a degree of autonomy (Rutter, 2013). It is incumbent upon educators to provide opportunity to foster resilience by allowing students to take responsibility, exercise autonomy, and have opportunities to learn from mistakes. The development of improved conflict management between siblings has wider implications for families, communities, and ultimately, between entire nations.

Summary

The journey through an alcoholic family system is a journey of trauma and silent loss where meaningful relationships are stymied by efforts to cope with violence,

inconsistency, shame and embarrassment. Various coping skills develop as means of navigating the difficult terrain. The siblings in this study tended to avoid conflict but whether as a result of observation or a coping mechanism remains unclear. The development of coping mechanisms suggests resilience, but regardless, the opportunity to learn how to negotiate conflict between these siblings was lost.

The essence of being a sibling is regarded as essential, enduring, and eternal: a bond that cannot be broken. However, the bond is weakened in an alcoholic family system. As individuals learn different coping mechanisms and assume inappropriate roles in an attempt to navigate the challenges of their childhood, valuable learning and relationship skill-building opportunities are lost. Siblings do not believe their childhood experience equipped them with the necessary tools to manage conflict in their current relationships, and avoid conflict whenever possible. However, difficult circumstances provide opportunities for individuals to show creativity and resilience, and to view negative situations as positive. Tools that were used to navigate a difficult childhood are considered useful tools with which to navigate the adult world.

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Appendix A: Example Student Email

June 29, 2014

I am a doctoral student working on my dissertation. My chosen area is the experience of being a sibling who grew up in an alcoholic family. I am reading your scholarly work, and am learning much about the sibling relationship, and the importance of the sibling bond.

I wonder if you would consider answering a few questions I have about siblings and the alcoholic family unit, or be willing to point to other recent research of which you are aware that focuses on this phenomenon?

Thank you for your consideration,

Christine Rhodes

christine.rhodes@waldenu.edu

Appendix B: Email Requesting Consent to use PQSR

Question regarding Perceptions of Quality in a Sibling Relationship (PQSR)

Christine Rhodes <christine.rhodes@waldenu.edu>

Feb 5

To wfurman, Jan, Tracey

Good day, Professor Furman,

I am a doctoral student embarking on my dissertation study. I am exploring the sibling relationship from the perspective of adult siblings who experienced parental alcohol use disorder in the family of origin. I found your research to be very helpful and interesting, and I composed some of the interview questions using your PQSR as a guide and framework. I am seeking your approval and permission, and acknowledged your work in the body and the reference section of my proposal.

The question section included in my chapter 3 is included below.

Thank you,

Christine Rhodes

Walden University student, Human Services

CC Committee Chair (Dr. Tracey Phillips) and committee member (Dr. Jan Ivery)

I will use a semi-structured interview guide to ask the following interview questions and potential prompts, based loosely on the Perceptions of Qualities in a Sibling Relationship (Furman & Buhrmester, 1985):

1. How would you explain to someone else what it means to have a sibling?
2. What do you think are the advantages of having a sibling?
3. What are some of the disadvantages of having a sibling?
4. What would you say are the most important features of any sibling relationship?
5. Let's talk about your childhood. Tell me about your relationship with _____ (name of sibling) when you were children.
6. How was your interaction with _____? Did you play together, for example?
7. Do you think your parent's alcohol drinking affected your relationship with your sibling when you were young, and if so, how?
8. Can you recall some incidents of conflict that you experienced in the home when you were a child?
9. Can you give me some examples of how you and your family members responded to conflict?
10. How would you describe your relationship with _____ today?
11. Could you give some examples of how do you may respond to conflict today in current relationships?
12. What personal attributes in yourself and your sibling contribute to your current relationship with your sibling?
13. Is there anything else you would like to add that we have not covered with these questions?

The analysis of the interview questions will provide sufficient data to answer the research questions:

1. What is the experience of being a sibling in an alcoholic family?
2. How are individual differences reflected in the adult siblings' accounts of their experience with alcoholism?
3. How do children respond to conflict within an alcoholic family system and in later life relationships?

Furman, Wyndol - Clinical Area Head <wfurman@psy.du.edu>

Feb 5

I appreciate your gesture, but I actually don't think you need it as your questions are quite different. It will be interesting to see what you find..

Dr. Wyndol Furman

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Appendix C: Consent Form.

You are invited to take part in a research study about the impact of parental alcoholism on the sibling relationship. The researcher is inviting adult children of alcoholics with siblings who identify as adult children of alcoholics and grew up together in Bermuda to be part of the study.

This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named Christine Rhodes who is a doctoral student at Walden University. Christine will be seeking participants by attending open meetings of both Al Anon and Family Groups and Alcoholics Anonymous.

Background Information

The purpose of this study is to learn more about the impact of parental alcoholism on the sibling relationship and inform future treatment for family members and affected others, and to provide a foundation for future research in this area. A summary of the findings from this study will be submitted to the authorizing bodies of the Forum and to the Grapevine in order to share the results of the study. The country name “Bermuda” will not be used in the study or in the summary article but instead “small and remote island community” in an attempt to preserve anonymity.

Procedures:

If you agree to be in this study, you will be asked to:

- Take part in initial meeting to review procedures, risks and benefits of participation, confirm inclusion criteria, and sign this consent form (a copy will be given for your records).
- Take part in an interview of approximately 2 hours duration in a private meeting room at St. Paul's Church in Paget at a time and date convenient for you. The interview will be taped using a digital voice recorder and manually transcribed by the researcher.
- Take part in a follow up meeting to review the transcripts, approximately 30 minutes.

Here are some sample questions:

1. How would you explain to someone else what it means to have a sibling?
2. Do you think your parent's alcohol use affected your relationship with your sibling?
3. Can you give me some examples of how you and your family members responded to conflict?

Voluntary Nature of the Study:

This study is voluntary. Everyone will respect your decision of whether or not you choose to be in the study. If you decide to join the study now, you can still change your mind later. You may stop at any time.

Risks and Benefits of Being in the Study:

Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as becoming upset or feeling stressed when discussing the different topics. Being in this study could also involve more than minimal risk of harm to that go beyond normal daily experiences. Talking specifically about your family history and alcohol abuse may cause psychological stress. Every precaution will be taken to avoid harm. You may prefer not to answer certain questions, take a break from the interview, or withdraw your participation at any time. Should you wish to explore community resources to address any issues that arise as part of this participation, the research student will provide you with a list of services and service providers such as counseling services, for example.

There are certain benefits from taking part in academic research. The findings that result from this study could help inform best practice and guide treatment services or provide a foundation for future research into this important area. This particular research project could provide useful information about families who live in small, isolated, and remote communities.

Payment:

To thank you for your time and participation, a \$10.00 gift certificate for coffee or tea at Rock Island or My SereniTea will be given to you at the beginning of this session.

Privacy:

Any information you provide will be kept confidential. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Instead, numerical codes known only to the research student will be used to identify different interviews. The name “Bermuda” will not be used in the study. The location will be referred to as a small, isolated, and densely populated island community. Data will be kept secure by the following means:

- All electronic data will be stored on the researcher’s computer which is password protected and kept in a private office in the researcher’s home. Data will not be accessed or stored on any computer that is open to the public domain.

- All hard copy data will be stored in a locked filing cabinet in the researcher’s private office. The researcher only has access to the key. Data will be kept for a period of at least 5 years, as required by the university. After five years, the electronic data will be permanently erased from the computer, and the hard copy data will be shredded.

There are no potential conflicts of interest to be disclosed on behalf of the researcher.

Contacts and Questions:

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via 441 704 3008. If you want to talk

privately about your rights as a participant, you can call Dr. Leilani Endicott.

She is the Walden University representative who can discuss this with

you. Her phone number is 001-612-312-1210 (for participants outside the US).

Walden University's approval number for this study is IRB 02-20-15-0126799. and it expires February 19, 2016. The researcher will give you a copy of this form to keep for your records.

Statement of Consent:

I have read the above information and I feel I understand the study well enough to make a decision about my involvement. By signing below, I understand that I am agreeing to the terms described above.

Only include the signature section below if using paper consent forms.

Printed Name of Participant 3 of 2

Date of consent

If you include in an appendix any pre-published materials that are not in the public domain, you must also include permission to do so.

Appendix D: Interview Guide

RQ 1 What is the experience of being a sibling in an alcoholic family?

1. How would you explain to someone what it means to have a sibling?
2. What would you say are the most important features of any sibling relationship?
3. Please describe your relationship with your sibling when you were children
4. How did you interact with your sibling: did you play together, for example?
5. Do you think your parent's alcohol drinking affected your relationship with your sibling when you were young, and if so, how?

RQ 2 How do individual accounts of the lived experience of parental alcoholism differ?

1. What do you think are the advantages of having a sibling?
2. What are some of the disadvantages?
3. Do you think you parent's alcohol drinking affected your relationship with your sibling when you were young, and if so, how?
4. How would you describe your relationship with your sibling today?
5. What personal attributes in yourself and your sibling contribute to your current relationship with each other?

RQ 3 How do children respond to conflict in an alcoholic family system and in later life relationships?

1. Can you recall incidents of conflict that you experienced in the home when you were a child, and describe them, please?
2. Please describe some examples of ways that you and your other family members responded to conflict.
3. Please describe examples of how you may respond to conflict in your current relationships.